| No. <b>W 81936</b>                                                                           | Due no                                                                                                     | Due no later than Mar 31, 2017 |                                                    | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------|---------|-------------|--|
| Return to:                                                                                   | Annual Report Form                                                                                         |                                | KIRKLYN R SMITH                                    |                                             |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080             | 1. Mailing Address: Correct in this box if needed.  EOI, LLC KIRKLYN R SMITH 1880 W. JUDITH LANE SUITE 220 |                                | 1880 W. JUDITH LANE<br>SUITE 220<br>BOISE ID 83705 |                                             |         |             |  |
|                                                                                              |                                                                                                            |                                | 3. <u>New</u> Registered Agent Signature:*         |                                             |         |             |  |
| NO FILING FEE IF BOISE ID 83705 RECEIVED BY DUE DATE                                         |                                                                                                            |                                |                                                    |                                             |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. |                                                                                                            |                                |                                                    |                                             |         |             |  |
| Office Held Name                                                                             |                                                                                                            | Street or PO Address           | City                                               | State                                       | Country | Postal Code |  |
| MEMBER PATTY MITTLEIDER 1                                                                    |                                                                                                            | 1880 W. JUDITH LANE SUITE 220  | BOISE                                              | ID                                          | USA     | 83705       |  |
| 5. Organized Under the Laws of:  6. Annual Report must be signed.*                           |                                                                                                            |                                |                                                    |                                             |         |             |  |
| ID                                                                                           | Signature: Kirklyn R. Smith                                                                                |                                | Date: 01/20/2017                                   |                                             |         |             |  |
| W 81936                                                                                      | Name (type or print): Kirklyn R. Smith                                                                     |                                | Title: Member                                      |                                             |         |             |  |
| Processed 01/20/2017                                                                         | * Electronically provided signatures are accepted as original signatures.                                  |                                |                                                    |                                             |         |             |  |