

|                                                                                                                                                        |               |                                                                                       |           |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------|-----------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 20976</b>                                                                                                                                     |               | <b>Due no later than Oct 31, 2014</b>                                                 |           | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b>                                                             |           | SHANE LOAR<br>2013 PREAKNESS WAY<br>NAMPA ID 83686 |                  |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                             |           | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |               | CSS ENTERPRISES, LLC<br>SHANE M LOAR<br>2013 S PREAKNESS WAY<br>NAMPA ID 83686<br>USA |           |                                                    |                  |             |  |
| 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 |  |
| MANAGER                                                                                                                                                | B SCOTT WHITE | 1368 S 72ND N                                                                         | WESTON    | ID                                                 | USA              | 83286       |  |
| MEMBER                                                                                                                                                 | R CHRIS WHITE | 8810 VIC LN                                                                           | MIDDLETON | ID                                                 | USA              | 83644       |  |
| MEMBER                                                                                                                                                 | SHANE M LOAR  | 2013 SO PREAKNESS WAY                                                                 | NAMPA     | ID                                                 | USA              | 83686       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                     |           |                                                    |                  |             |  |
| <b>ID<br/>W 20976</b>                                                                                                                                  |               | Signature: Shane Loar                                                                 |           |                                                    | Date: 08/18/2014 |             |  |
|                                                                                                                                                        |               | Name (type or print): Shane Loar                                                      |           |                                                    | Title: Member    |             |  |
| Processed 08/18/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.             |           |                                                    |                  |             |  |