

|                                                                                                                                                        |           |                                                                                                                                                |       |                                                        |         |                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|----------------------|--|
| No. <b>W 132959</b>                                                                                                                                    |           | <b>Due no later than Jan 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br><br>BE WELL SOBER HOUSING LLC<br>CHIO FAI WONG<br>PO BOX 191323<br>BOISE ID 83719 |       | CHIO WONG<br>10779 DRAGONFLY DR<br>NAMPA ID 83687-8368 |         |                      |  |
|                                                                                                                                                        |           |                                                                                                                                                |       | 3. <u>New</u> Registered Agent Signature:*             |         |                      |  |
| 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                                                                                                                                                 | CHIO WONG | 10779 DRAGONFLY DR                                                                                                                             | NAMPA | ID                                                     | USA     | 83687                |  |
| 5. Organized Under the Laws of:                                                                                                                        |           | 6. Annual Report must be signed.*                                                                                                              |       |                                                        |         |                      |  |
| <b>ID<br/>W 132959</b>                                                                                                                                 |           | Signature: Chio Fai Wong                                                                                                                       |       |                                                        |         | Date: 11/27/2017     |  |
|                                                                                                                                                        |           | Name (type or print): Chio Fai Wong                                                                                                            |       |                                                        |         | Title: Chio Fai Wong |  |
| Processed 11/27/2017                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                        |         |                      |  |