

|  |                |  |            |   |         |             |  |
|--|----------------|--|------------|---|---------|-------------|--|
| No. <b>W 98745</b>   |                | Due no later than Dec 31, 2016   |            | 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ENINEN, LLC<br>ANGIE KELSEY<br>928 TROTTER DR<br>TWIN FALLS ID 83301 |            | ANGIE KELSEY<br>928 TROTTER DR<br>TWIN FALLS ID 83301 |         |             |  |
|  |                |  |            | 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 |  |
| MANAGER  | ANGIE M KELSEY | 928 TROTTER DR   | TWIN FALLS | ID  | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 98745</b>   |                | 6. Annual Report must be signed.*<br>Signature: Angie Kelsey<br>Name (type or print): Angie Kelsey<br>Date: 10/27/2016<br>Title: Manager                               |            |   |         |             |  |
| Processed 10/27/2016   |                | * Electronically provided signatures are accepted as original signatures.  |            |   |         |             |  |