| No. W 28618 | | Due no later than Feb 28, 2017 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|---------------------------------------|---------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | LAURIE DALLING 903 E. WINDING CREEK, STE 100 EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CARDEZ CREDIT AFFILIATES, L.L.C. LAURIE DALLING 903 E WINDING CREEK STE 100 EAGLE ID 83616 | | EAGLE ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | oanies: Enter Na | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER LAURIE DAL | | LING | 903 E WINDING CREEK STE 100 | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Laurie Dalling | | | Date: 12/23/2016 | | | |
| W 28618 | | Name (type or | | Title: Member | | | | |
| Processed 12/23/2016 | | rovided signatures are accepted as original s | signatures. | | | | | |