| No. W 114816 | Due no later than Jun 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|----------------------|---|-------|---------|-------------|
| Return to: | Annual Report Form | | JOSEPH W SHELTON III | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON | 1. Mailing Address: Correct in this box if needed. WHITE CLOUD TECHNOLOGIES, LLC JOSEPH W SHELTON, III 663 MAIN AVE E | | 3243 CANYON RIDGE WEST TWIN FALLS ID 83301 | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | | | | | | |
| | TWIN FALLS ID 83301 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF 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 |
| MANAGER JOSEPH W SHELTON, III 3243 CANYON RIDGE WEST | | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | he Laws of: 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Joe Shelton | | Date: 04/28/2016 | | | |
| W 114816 Name (type or print | | nt): Joe Shelton | Title: Member | | | |
| Processed 04/28/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | |