| No. W 56789 | | Due no later than Dec 31, 2014 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|--|----------------------------|---|---------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PRT, LLC PATRICK TOUSSAINT 3091 BECHLER DRIVE IDAHO FALLS ID 83401 | | 3091 BECHLE IDAHO FALLS | PATRICK TOUSSAINT 3091 BECHLER DRIVE IDAHO FALLS 83401 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Compan | ies: Enter Na | mes and Address | ses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER MANAGER | PATRICK TO REBECCA TO | | 3091 BECHLER DRIVE 3091 BECHLER DRIVE | IDAHO FALLS IDAHO FALLS | ID ID | USA | 83401 83401 | |
| 5. Organized Under the Laws of: | | 6. Annual Repo | rt must be signed.* | | | | | |
| ID W 56789 | | Signature: P | atrick Toussaint | | Date: 01/12/2015 | | | |
| | | Name (type | or print): Patrick Toussaint | | Title: Manager | | | |
| Processed 01/12/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |