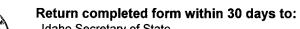


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SOS Control Number: 4853 Limited Liability Partnership (D)	Filing Status: Active-Exis Date Formed: 03/13/2001	ing Formation Locale: II	2025
Name and Mailing Address: ALEXACON LLP PO BOX 3127 KETCHUM, ID 83340-3121		(1) Add or Change Mailing Address:	10:41 AM
Registered Agent (RA) and Register LINDA D WOODCOCK 371 W RIVER ST UNIT 5 KETCHUM, ID 83340 Note: The Reg	red Office (RO) Address: gistered Office address must be a phys	(2) Change RA and/or RO Address: cal Idaho address (no postal box).	Received b
(3) New Registered Agent (RA) Sign (4) Limited Liability Partnerships: Enter na	If a new agent is appointed in it	em (2) above, the new agent must sign he	re to accept the appointmen
These will not be accepted. Changes here	e will not affect the entity mailing addr	ess. If more space is needed, ple	ase add an attachment <mark>n</mark>
Name	Business Address	City, State, Zip	, 0
Kinsten H. Terra Lindsoy A. Woodcast	P.O. Box 3127 P.O. Box 3127 P.O. Box 3127	Ketchum Ketchum Ketchum	14.83340° 14.83340° 14.83340°
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(5) Signature: Sende D. A	Daoleas	(6) Date: 3/6/25	re t
(7) Type/Print Name: WDA D.	WASTOCK	(8) Title: Manager A	exacon LEP
Instructions: Legibly complete the form above	e. Sign and date this form and return to the	e address provided above.	O Hi