

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 117065</b>  | <b>Due no later than Sep 30, 2016</b><br><b>Annual Report Form</b>  |   | 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>1. Mailing Address: Correct in this box if needed.</b><br>GEOFFREY HH ROTH L.L.C.<br>GEOFFREY HH ROTH<br>PO BOX 681<br>MCCALL ID 83638 |   | MARK THORIEN<br>159 MORGAN DR<br>MCCALL ID 83638   |       |         |             |
|  |   |   | 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  | GEOFFREY HH ROTH  | P O BOX 681   | MCCALL   | ID    | USA     | 83638       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 117065</b>  | 6. Annual Report must be signed.*<br>Signature: Geoffrey HH Roth<br>Name (type or print): Geoffrey HH Roth                                |   | Date: 08/29/2016<br>Title: Manager                 |       |         |             |
| Processed 08/29/2016   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |