| No. <b>W 157475</b>  |                 | Due no later than Oct 31, 2016  |                                    | 2. Registered A | 2. Registered Agent and Address (NO PO BOX)                          |         |             |  |
|--|-----------------|---|------------------------------------|-----------------|--|---------|-------------|--|
| Return to:   |                 | Annual Report Form  |                                    |                 | BONNIE COCHRAN   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                 | 1. Mailing Address: Correct in this box if needed.  READY OR NOT PREPAREDNESS, LLC BONNIE COCHRAN 522 LINDEN AVE REXBURG ID 83440 |                                    | REXBURG II      | 522 LINDEN AVE REXBURG ID 83440  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                 |   |                                    |                 |  |         |             |  |
| 4. Limited Liability Compar  | nies: Enter Nai | mes and Addresses   | of at least one Member or Manager. |                 |  |         |             |  |
| Office Held  | Name            |   | Street or PO Address               | City            | State  | Country | Postal Code |  |
| MEMBER   | JEREMIAH L      | EE COCHRAN  | 522 LINDEN AVE                     | REXBURG         | ID   | USA     | 83440       |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |                                    |                 |  |         |             |  |
| ID   |                 | Signature: Bonnie Cochran   |                                    |                 | Date: 10/28/2016   |         |             |  |
| W 157475   |                 | Name (type or p   |                                    | Title: Owner    |  |         |             |  |
| Processed 10/28/2016 * Electronically provided signatures are accepted as original signatures. |                 |   |                                    |                 |  |         |             |  |