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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 123844</b>                                                                                                                                    |                    | <b>Due no later than Apr 30, 2014</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><br>208 DISCS LLC.<br>1111 ORCHARD ST SUITE 102<br>BOISE ID 83705 |       | JASON ROLAND OXSEN<br>1103 LEADVILLE AVE<br>BOISE ID 83706 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                |       | 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                                                                                                                                                | JASON ROLAND OXSEN | 1103 LEADVILLE AVE                                                                                                             | BOISE | ID                                                         | USA     | 83706            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                              |       |                                                            |         |                  |  |
| <b>ID<br/>W 123844</b>                                                                                                                                 |                    | Signature: Jason r Oxsen                                                                                                       |       |                                                            |         | Date: 02/11/2014 |  |
|                                                                                                                                                        |                    | Name (type or print): Jason r Oxsen                                                                                            |       |                                                            |         | Title: Owner     |  |
| Processed 02/11/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                      |       |                                                            |         |                  |  |