

|                                                                                                                                                        |             |                                                                                                                                                       |            |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 158479</b>                                                                                                                                    |             | <b>Due no later than Nov 30, 2017</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>ALDAN'S DRYWALL LLC<br>JORGE ALDAN<br>1563 FILLMORE ST STE 2C<br>TWIN FALLS ID 83301 |            | JORGE ALDAN<br>1563 FILLMORE ST STE 2C<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                                       |            | 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      |  |
| MEMBER                                                                                                                                                 | JORGE ALDAN | 1563 FILLMORE ST STE 2C                                                                                                                               | TWIN FALLS | ID                                                            | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                     |            |                                                               |         |                  |  |
| <b>ID<br/>W 158479</b>                                                                                                                                 |             | Signature: Gary J Atkinson                                                                                                                            |            |                                                               |         | Date: 09/25/2017 |  |
|                                                                                                                                                        |             | Name (type or print): Gary J Atkinson                                                                                                                 |            |                                                               |         | Title: CPA       |  |
| Processed 09/25/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                             |            |                                                               |         |                  |  |