

|                                                                                                                                                        |                 |                                                                                                                                                                   |          |                                                                   |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 156300</b>                                                                                                                                    |                 | <b>Due no later than Sep 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>GREAVES LEGAL PLLC<br>NATALIE GREAVES GREAVES<br>925 N MAIN ST<br>STE. B<br>MERIDIAN ID 83642<br>USA |          | NATALIE GREAVES<br>925 N MAIN<br>STE. B<br>MERIDIAN ID 83642-8364 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                   |          | 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                                                                                                                                                | NATALIE GREAVES | 925 N MAIN STE. B                                                                                                                                                 | MERIDIAN | ID                                                                | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 156300</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Natalie Greaves<br>Name (type or print): Natalie Greaves<br>Date: 07/24/2017<br>Title: Manager                    |          |                                                                   |         |             |  |
| Processed 07/24/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                         |          |                                                                   |         |             |  |