

|  |                     |  |       |   |         |                  |  |
|--|---------------------|--|-------|---|---------|------------------|--|
| No. <b>W 181884</b>  |                     | <b>Due no later than Apr 30, 2018</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>MAYTHEL J PHOTOGRAPHY, L.L.C.<br>MATHHEL CASTLETON<br>7421 W SKYLIGHT ST<br>BOISE ID 83709<br>USA |       | MATHHEL CASTLETON<br>7421 W SKYLIGHT ST<br>BOISE ID 83709 |         |                  |  |
|  |                     |  |       | 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  | MATHHEL J CASTLETON | 7421 W SKYLIGHT ST   | BOISE | ID  | USA     | 83709            |  |
| 5. Organized Under the Laws of:  |                     | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 181884</b>   |                     | Signature: Mathel Castleton  |       |   |         | Date: 05/29/2018 |  |
|  |                     | Name (type or print): Mathel Castleton   |       |   |         | Title: Owner     |  |
| Processed 05/29/2018   |                     | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |