| No. W 070860 | | Due no later than Jan 31, 2014 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|----------------------------|---|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CASTORINA III, LLC NICK CASTORINA 3104 W KENNEWICK AVE STE C KENNEWICK WA 99336 USA | | | RUBE G JUNES 4284 FREEMAN CREEK RD | | | |
| | | | | LENORE ID | LENORE ID 83541 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 NICK CASTOR | | DRINA | 3104 W KENNEWICK AVE STE C | KENNEWICK | WA | USA | 99336 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| WA W 070860 | | Signature: Nick Castorina | | | Date: 11/19/2013 | | | |
| | | Name (type or | | Title: Manager | | | | |
| Processed 11/19/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |