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| No. W 149695 | | Due no later than Mar 31, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. JIBB SAFETY CABLE, LLC SCOTT LOOMIS 2435 N. BUNCHGRASS DR. POST FALLS ID 83854 USA | | CHERYL LOOMIS 2435 N. BUNCHGRASS DR. POST FALLS ID 83854-8385 | | | |
| 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 MANAGER | Name CHERYL LOOMIS | Street or PO Address 2435 N. BUNCHGRASS DR. | | City POST FALLS | State ID | Country USA | Postal Code 83854 |
| 5. Organized Under the Laws of: WY W 149695 | | 6. Annual Report must be signed.* Signature: Cheryl Loomis Name (type or print): Cheryl Loomis Date: 03/31/2018 Title: manager | | | | | |
| Processed 03/31/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |