| No. W 158799 Return to: | | Due no later than Nov 30, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) LESLIE LOPES 1946 E 1550 S GOODING ID 83330 3. New Registered Agent Signature:* | | | |
|--|-------------------|---|-----------------------|---|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LESLIE LOPES CPA, PLLC LESLIE LOPES PO BOX 516 GOODING ID 83330 | GOODING ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Comp | oanies: Enter Nan | nes and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | LESLIE LOPE | S 1946 E 1550 S | GOODING | ID | USA | 83330 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Leslie Lopes | Date: 11/03/2016 | | | | |
| W 158799 | | Name (type or print): Leslie Lopes | Title: Member-Manager | | | | |
| Processed 11/03/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |