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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 101477</b>                                                                                                                                    |               | <b>Due no later than Mar 31, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ALLEGIS INVESTMENT ADVISORS LLC<br>HEATH S BOWEN<br>591 PARK AVE<br>101<br>IDAHO FALLS ID 83402 |             | HEATH BOWEN<br>591 PARK AVE, SUITE 101<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                                   |             | 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 |  |
| MEMBER                                                                                                                                                 | HEATH S BOWEN | 591 PARK AVE, SUITE 101                                                                                                                                                                           | IDAHO FALLS | ID                                                             | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 101477</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Heath Bowen<br>Name (type or print): Heath Bowen<br>Date: 04/13/2018<br>Title: President                                                          |             |                                                                |         |             |  |
| Processed 04/13/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                         |             |                                                                |         |             |  |