

|                                                                                                                                                        |                |                                                                                            |          |                                                      |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------|----------|------------------------------------------------------|------------------|-------------|--|
| No. <b>W 67447</b>                                                                                                                                     |                | <b>Due no later than Oct 31, 2017</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>                                                                  |          | DEWAYNE A WARD<br>109 EAST MAIN<br>KENDRICK ID 83537 |                  |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                                  |          | 3. <u>New</u> Registered Agent Signature:*           |                  |             |  |
|                                                                                                                                                        |                | D & H CONSULTING SERVICES, LLC<br>DEWAYNE A WARD<br>PO BOX 146<br>KENDRICK ID 83537<br>USA |          |                                                      |                  |             |  |
| 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                                                                                                                                                | DEWAYNE A WARD | PO BOX 146                                                                                 | KENDRICK | ID                                                   | USA              | 83537       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                          |          |                                                      |                  |             |  |
| <b>ID<br/>W 67447</b>                                                                                                                                  |                | Signature: DeWayne Ward                                                                    |          |                                                      | Date: 10/28/2017 |             |  |
|                                                                                                                                                        |                | Name (type or print): DeWayne Ward                                                         |          |                                                      | Title: Owner     |             |  |
| Processed 10/28/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                  |          |                                                      |                  |             |  |