

|                                                                                                                                                        |              |                                                                                                                                         |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 102536</b>                                                                                                                                    |              | <b>Due no later than Apr 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>PARK STREET LLC<br>JEAN ODMARK<br>PO BOX 238<br>MCCALL ID 83638<br>USA |        | JEAN W ODMARK<br>141 LAKE ST<br>MCCALL ID 83638    |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                         |        | 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                                                                                                                                                 | (JEAN ODMARK | P. O. BOX 238                                                                                                                           | MCCALL | ID                                                 | USA     | 83638            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                       |        |                                                    |         |                  |  |
| <b>ID<br/>W 102536</b>                                                                                                                                 |              | Signature: jean odmark                                                                                                                  |        |                                                    |         | Date: 02/23/2017 |  |
|                                                                                                                                                        |              | Name (type or print): jean odmark                                                                                                       |        |                                                    |         | Title: president |  |
| Processed 02/23/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                               |        |                                                    |         |                  |  |