

|                                                                                                                                                        |                  |                                                                                                                                             |             |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 56614</b>                                                                                                                                     |                  | <b>Due no later than Nov 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>PITN, LLC<br>STEVEN D LINDSAY<br>2968 N HOLMES AVE<br>IDAHO FALLS ID 83401 |             | STEVE LINDSAY<br>2968 N HOLMES AVE<br>IDAHO FALLS ID 83401 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                             |             | 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      |  |
| MANAGER                                                                                                                                                | STEVEN D LINDSAY | 2968 N HOLMES AVE                                                                                                                           | IDAHO FALLS | ID                                                         | USA     | 83401            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                           |             |                                                            |         |                  |  |
| <b>ID<br/>W 56614</b>                                                                                                                                  |                  | Signature: Steven Lindsay                                                                                                                   |             |                                                            |         | Date: 10/25/2017 |  |
|                                                                                                                                                        |                  | Name (type or print): Steven Lindsay                                                                                                        |             |                                                            |         | Title: Owner     |  |
| Processed 10/25/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                   |             |                                                            |         |                  |  |