



STATE OF IDAHO

Office of the secretary of state, Phil McGrane
ANNUAL REPORT

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

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-FILED-

File #: 0005345623

Date Filed: 8/3/2023 10:29:05 AM

| Entity Name and Mailing Address: | | | | | | | |
|---|---|--|-------|------------------|--------------------|--------|--|
| Entity Name: | GRAVITY PICTURES, LLC | | | | | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | | | | | | |
| Address | 675 E ANDERSON ST IDAHO FALLS, ID 83401-2020 | | | | | | |
| Entity Details: | | | | | | | |
| Entity Status | Active-Existing | | | | | | |
| This entity is organized under the laws of: | | | | | | | |
| IDAHO | | | | | | | |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: | | | | | | | |
| W156594 | | | | | | | |
| The registered agent on record is: | | | | | | | |
| Registered Agent | Myles Arbon Registered Agent Physical Address 3919 E 49 S IDAHO FALLS, ID 83406 Mailing Address 3919 E 49TH S IDAHO FALLS, ID 83406-8112 | | | | | | |
| Agent or Address Change | | | | | | | |
| <input type="checkbox"/> Select if you are appointing a new agent. | | | | | | | |
| Limited Liability Company Managers and Members | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td>Rize Holdings, LLC</td> <td>Member</td> <td>PO BOX 50972 IDAHO FALLS, ID 83405-0972</td> </tr> </tbody> </table> | | Name | Title | Business Address | Rize Holdings, LLC | Member | PO BOX 50972 IDAHO FALLS, ID 83405-0972 |
| Name | Title | Business Address | | | | | |
| Rize Holdings, LLC | Member | PO BOX 50972 IDAHO FALLS, ID 83405-0972 | | | | | |
| The annual report must be signed by an authorized signer of the entity. | | | | | | | |
| Job Title: Manager | | | | | | | |
| <i>Myles Arbon</i> | | | | | | | |
| <input type="checkbox"/> Sign Here | | | | | | | |
| <i>08/03/2023</i> | | | | | | | |
| <input type="checkbox"/> Date | | | | | | | |