

|                                                                                                                                                        |               |                                                                                                                                     |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 133367</b>                                                                                                                                    |               | <b>Due no later than Jan 31, 2016</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>TREVOR WAKE LLC.<br>TREVOR WAKE<br>2075 E 3475 N<br>FILER ID 83328 |       | TREVOR WAKE<br>2075 E 3475 N<br>FILER ID 83328     |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                     |       | 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                                                                                                                                                | TREVOR R WAKE | 2075 E 3475 N                                                                                                                       | FILER | ID                                                 | USA     | 83328            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                   |       |                                                    |         |                  |  |
| <b>ID<br/>W 133367</b>                                                                                                                                 |               | Signature: trevor wake                                                                                                              |       |                                                    |         | Date: 11/17/2015 |  |
|                                                                                                                                                        |               | Name (type or print): trevor wake                                                                                                   |       |                                                    |         | Title: owner     |  |
| Processed 11/17/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                           |       |                                                    |         |                  |  |