

|                                                                                                                                                        |                |                                                                                                                                                      |          |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 113525</b>                                                                                                                                    |                | Due no later than May 31, 2017                                                                                                                       |          | 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>THIRD FLOOR 1981, LLC<br>DAVID C ALLEN<br>3329 OREGON TRAIL DR<br>KIMBERLY ID 83341 |          | DAVID C ALLEN<br>3329 OREGON TRAIL DR<br>KIMBERLY ID 83341 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                      |          | 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                                                                                                                                                 | BRENDA K ALLEN | 3329 OREGON TRAIL DR                                                                                                                                 | KIMBERLY | ID                                                         | USA     | 83341       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 113525</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: DAVID C ALLEN<br>Name (type or print): DAVID C ALLEN<br>Date: 03/22/2017<br>Title: Agent             |          |                                                            |         |             |  |
| Processed 03/22/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                            |          |                                                            |         |             |  |