| No. <b>W 62107</b>                       | C                        | Due no later than May 31, 2017   |                    | 2. Registered Agent and Address (NO PO BOX)                       |         |                |  |
|--|--------------------------|--|--------------------|---|---------|----------------|--|
| Return to:                               |                          | Annual Report Form   |                    | TIM GOLIGHTLY   |         |                |  |
| SECRETARY OF STATE 700 WEST JEFFERSON    |                          | 1. Mailing Address: Correct in this box if needed.  TIM'S IMAGES OF NATURE, LLC  NATALIE GOLIGHTLY  10 E 4TH S  PRESTON ID 83263 |                    | 407 S STATE PRESTON ID 83263  3. New Registered Agent Signature:* |         |                |  |
| PO BOX 83720<br>BOISE, ID 83720-0080     | NATALIE GO<br>10 E 4TH S |  |                    |   |         |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE | PRESTON II               |  |                    |   |         |                |  |
| 4. Limited Liability Companies: Ent      | er Names and Addres      | ses of at least one Member or Manager.   |                    |   |         |                |  |
| Office Held Name                         |                          | Street or PO Address   | City               | State   | Country | Postal Code    |  |
|  | OLIGHTLY<br>E GOLIGHTLY  | 407 S STATE<br>407 S STATE   | PRESTON<br>PRESTON | ID<br>ID  | USA     | 83263<br>83263 |  |
|  |                          |  |                    |   |         |                |  |
| 5. Organized Under the Laws of: 6. Annua |                          | al Report must be signed.*   |                    |   |         |                |  |
| l ID                                     | Signature:               | im Golightly   |                    | Date: 03/25/2017  |         |                |  |
| W 62107                                  | Name (type               | Name (type or print): Tim Golightly  |                    | Title: Member   |         |                |  |
| Processed 03/25/2017                     | * Electronically         | * Electronically provided signatures are accepted as original signatures.  |                    |   |         |                |  |