No. W 113966		Due no later than May 31, 2018	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	KYLE COOPER 5906 W HALF MOON LN EAGLE ID 83616 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NEEDLES EYE HOLDING, LLC KYLE COOPER 5906 W HALF MOON LN EAGLE ID 83616					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER KYLE COOPE		ER 5906 W HALF MOON LN	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Kyle Cooper	Date: 06/21/2018				
W 113966		Name (type or print): Kyle Cooper	Title: Manager				
Processed 06/21/2018 * Electronically provided signatures are accepted as original signatures.							