

|                                                                                                                                                        |                   |                                                                                                                                               |            |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 103097</b>                                                                                                                                    |                   | <b>Due no later than Aug 31, 2018</b>                                                                                                         |            | <b>2. Registered Agent and Address (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>WHITE SANDS CO.<br>MARVIN LEE MILLER<br>1811 E. 600 N<br>ST ANTHONY ID 83445 |            | MARVIN LEE MILLER<br>1811 E 600 N<br>ST ANTHONY ID 83445 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                               |            | 3. <u>New</u> Registered Agent Signature:*               |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |                                                                                                                                               |            |                                                          |         |             |  |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                                                                                          | City       | State                                                    | Country | Postal Code |  |
| DIRECTOR                                                                                                                                               | MARVIN LEE MILLER | 1811 E. 600 N.                                                                                                                                | ST ANTHONY | ID                                                       | USA     | 83445       |  |
| DIRECTOR                                                                                                                                               | CINDY S MILLER    | 1811 E 600 N                                                                                                                                  | ST ANTHONY | ID                                                       | USA     | 83445       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 103097</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Cindy S Miller<br>Name (type or print): Cindy S Miller                                        |            |                                                          |         |             |  |
|                                                                                                                                                        |                   | Date: 06/25/2018<br>Title: manager                                                                                                            |            |                                                          |         |             |  |
| Processed 06/25/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                     |            |                                                          |         |             |  |