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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------|---------|----------------------------------------------------|--|
| No. <b>W 41560</b>                                                                                                                                     |                  | <b>Due no later than Aug 31, 2015</b>                                                                                                                          |            | <b>Annual Report Form</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>GEOFFROI A GOLAY DC, PLLC<br>GEOFFROI A GOLAY<br>1078 HOOPS ST<br>TWIN FALLS ID 83301-6725<br>USA |            | GEOFFROI A GOLAY<br>2068 ADDISON AVE E<br>TWIN FALLS ID 83301-6725 |         | 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                                                                                                                                                | GEOFFROI A GOLAY | 1078 HOOPS                                                                                                                                                     | TWIN FALLS | ID                                                                 |         | 83301                                              |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 41560</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Geoffroi A Golay<br>Name (type or print): Geoffroi A Golay                                                     |            | Date: 06/26/2015<br>Title: DC                                      |         |                                                    |  |
| Processed 06/26/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                      |            |                                                                    |         |                                                    |  |