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| No. W 55700 | | Due no later than Oct 31, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. COLEMAN SERVICES II, L.L.C. ROBERT S COLEMAN JR 335 MILL RD LEWISTON ID 83501 | | ROBERT S COLEMAN JR 335 MILL RD LEWISTON ID 83501 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | ROBERT S COLEMAN JR | 335 MILL RD | LEWISTON | ID | 83501 | | |
| MANAGER | JENNIFER K COLEMAN | 335 MILL RD | LEWISTON | ID | 83501 | | |
| 5. Organized Under the Laws of: ID W 55700 | | 6. Annual Report must be signed.* Signature: Kathie Otte Name (type or print): Kathie Otte Date: 11/15/2016 Title: Executive Assistant | | | | | |
| Processed 11/15/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |