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| No. W 44293 | | Due no later than Nov 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. COLLEGE PLACE, LLC SHERRI MYRE-BURRINGTON 2510 N. PINES ROAD, SUITE 1 SPOKANE VALLEY WA 99206 | | BILL LAWSON 2425 NEZ PERCE DR LEWISTON ID 83501 | |
| | | | | 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 |
| MEMBER | AWL LLC | 202 E TRENT AVE #400 | SPOKANE | WA | 99202 |
| MEMBER | CHRIS ASHENBRENER | 202 E TRENT AVE #400 | SPOKANE | WA | 99202 |
| MEMBER | JOE & FRANCES MCCANN LIMITED FAMILY PARTNERS | 202 E TRENT AVE #400 | SPOKANE | WA | 99202 |
| 5. Organized Under the Laws of: ID W 44293 | | 6. Annual Report must be signed.* Signature: SHERRI MYRE Name (type or print): SHERRI MYRE Date: 10/26/2015 Title: BOOKKEEPER | | | |
| Processed 10/26/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |