

|                                                                                                                                                        |                  |                                                                                                                                        |        |                                                      |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|---------|-------------------|--|
| No. <b>W 144127</b>                                                                                                                                    |                  | <b>Due no later than Nov 30, 2015</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><br>YORK STREET LLC<br>DAVID J CAREY II<br>PO BOX 2332<br>MCCALL ID 83638 |        | DAVID J CAREY II<br>13895 LANG CT<br>MCCALL ID 83638 |         |                   |  |
|                                                                                                                                                        |                  |                                                                                                                                        |        | 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                                                                                                                                                 | DAVID J CAREY II | PO BOX 2332                                                                                                                            | MCCALL | ID                                                   | USA     | 83638             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                      |        |                                                      |         |                   |  |
| <b>ID<br/>W 144127</b>                                                                                                                                 |                  | Signature: Mary Beth Allen                                                                                                             |        |                                                      |         | Date: 10/01/2015  |  |
|                                                                                                                                                        |                  | Name (type or print): Mary Beth Allen                                                                                                  |        |                                                      |         | Title: Bookkeeper |  |
| Processed 10/01/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                              |        |                                                      |         |                   |  |