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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|---------------------|
| No. <b>W 131477</b>                                                                                                                                    |                       | <b>Due no later than Nov 30, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TRANSADIN, LLC<br>SPENCER S ANDREWS<br>71 REVEILLE LANE<br>SANDPOINT ID 83864 |           | FORREST E ANDREWS<br>71 REVEILLE LANE<br>SANDPOINT ID 83864-8386 |                     |
|                                                                                                                                                        |                       |                                                                                                                                                                                 |           | 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                                                                                                                                                 | SPENCER SCOTT ANDREWS | 71                                                                                                                                                                              | SANDPOINT | ID                                                               | USA 83864           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 131477</b>                                                                                          |                       | 6. Annual Report must be signed.*<br>Signature: SPENCER S ANDREWS<br>Name (type or print): SPENCER S ANDREWS<br>Date: 10/11/2016<br>Title: OWNER                                |           |                                                                  |                     |
| Processed 10/11/2016                                                                                                                                   |                       | * Electronically provided signatures are accepted as original signatures.                                                                                                       |           |                                                                  |                     |