| No. W 20957 | | Due no later than Oct 31, 2014 | | 2. Registered Ag | 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. PAIRADOX, L.L.C MARILYN RIGHETTI 706 N COLLEGE RD STE C TWIN FALLS ID 83301-5824 USA | | 706 N COLLEC TWIN FALLS | MARILYN RIGHETTI 706 N COLLEGE RD STE C TWIN FALLS ID 83301-5824 3. New Registered Agent Signature:* | | | |
| 4. Limited Liability Cor | mpanies: Enter Na | nes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | ~ | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MEMBER | AND | | 706 N COLLEGE RD STE C 706 N COLLEGE RD STE C | TWIN FALLS TWIN FALLS | ID ID | USA USA | 83301-5824 83301-5824 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 20957 | | Signature: Marilyn Righetti Date: 08/22/2014 | | | | | | |
| | | Name (type or p | | Title: Member | | | | |
| Processed 08/22/2014 | 4 | * Electronically pro | ovided signatures are accepted as original | signatures. | | | | |