| No. W 162344 | | Due no later than Feb 28, 2018 Annual Report Form | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------|--|------------------------|---------------|---|-------|---------|-------------|
| Return to: | | | | JOEL BRIGHTON | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. BRIGHTON CLOSETS AND STORAGE SYSTEMS, LLC JOEL BRIGHTON 1074 E 129 N IDAHO FALLS ID 83401 3. New Registered Agent Signature:* | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 1 | THOMAS C | BRIGHTON | 11540 N YELLOWSTON HWY | | IDAHO FALLS | ID | USA | 83401 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Joel Brighton | | | Date: 02/26/2018 | | | |
| W 162344 | | Name (type or print): Joel Brighton | | | Title: agent | | | |
| Processed 02/26/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |