| No. <b>W 155531</b>  |               | Due no later than Aug 31, 2016    |   | 2. Registered A                           | 2. Registered Agent and Address (NO PO BOX)                             |         |             |  |
|--|---------------|-----------------------------------|---|---|---|---------|-------------|--|
| Return to:   |               | Annual Report Form                |   | NO. 2004000 NO. 100-100-100 NO. 100-100-1 | ANDREW GIBSON   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |               |                                   | R LANE                                  | ST MARIES                                 | 119 TAYLOR LANE ST MARIES ID 83861  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |               |                                   |   |   |   |         |             |  |
| 4. Limited Liability Compar  | nies: Enter N | lames and Addres                  | sses of at least one Member or Manager. |   |   |         |             |  |
| Office Held  | Name          |                                   | Street or PO Address                    | City                                      | State   | Country | Postal Code |  |
| MANAGER  | ANDREW GIBSO  |                                   | 119 TAYLOR LANE                         | ST. MARIES                                | ID  | USA     | 83861       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.* |   |   |   |         |             |  |
| ID   |               | Signature:                        | Andrew Gibson                           |   | Date: 08/29/2016  |         |             |  |
| W 155531   |               | Name (type                        | e or print): Andrew Gibson              |   | Title: Manager  |         |             |  |
| Processed 08/29/2016 * Electronically provided signatures are accepted as original signatures. |               |                                   |   |   |   |         |             |  |