| No. W 140143 | | Due no later than Jul 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. SHARMA PHAM HOLDINGS, LLC 3029 S WHITE CASTLE AVE EAGLE ID 83616 | | 2. | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|---|------------------------------|----|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | CAROLYN ADKINS 3029 S WHITE CASTLE AVE EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses of at | least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | С | ity | State | Country | Postal Code |
| MEMBER | MEMBER AMIT SHARMA | | 1633 S WATERS LEAF AVE | E | AGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: ID W 140143 | | 6. Annual Report must be signed.* Signature: Carolyn Adkins Name (type or print): Carolyn Adkins | | | Date: 05/19/2015 Title: Agent | | | |
| Processed 05/19/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |