

|                                                                                                                                                        |                 |                                                                                                                                                                           |       |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 125887</b>                                                                                                                                    |                 | <b>Due no later than Jun 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>MR. SOS, LLC.<br>DANANDA STOWELL<br>563 ASPEN DR<br>RIGBY ID 83442-1387 |       | DANANDA STOWELL<br>563 ASPEN DR<br>RIGBY ID 83442-1387 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                                           |       | 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                                                                                                                                                 | DANANDA STOWELL | 563 ASPEN DR                                                                                                                                                              | RIGBY | ID                                                     | USA     | 83442-1387       |  |
| MEMBER                                                                                                                                                 | LEVI E STOWELL  | 563 ASPEN DR                                                                                                                                                              | RIGBY | ID                                                     | USA     | 83442-1387       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                         |       |                                                        |         |                  |  |
| <b>ID<br/>W 125887</b>                                                                                                                                 |                 | Signature: Dananda Stowell                                                                                                                                                |       |                                                        |         | Date: 04/23/2016 |  |
|                                                                                                                                                        |                 | Name (type or print): Dananda Stowell                                                                                                                                     |       |                                                        |         | Title: Member    |  |
| Processed 04/23/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                 |       |                                                        |         |                  |  |