

| | | | | | | | |
|--|-------------------------------------|--|--|---|-------------|----------------|----------------------|
| No. W 101209 | | Due no later than Mar 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SOMBOD L.L.C. CLARK ROBINSON PO BOX 1942 NAMPA ID 83653 | | TIDON C ROBINSON 4424 EAST FLAMINGO SUITE 110 NAMPA ID 83687 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name CLARK MIDDLE_NAME) ROBINSON | Street or PO Address PO BOX 1942 | | City NAPA | State ID | Country USA | Postal Code 83653 |
| 5. Organized Under the Laws of: ID W 101209 | | 6. Annual Report must be signed.* Signature: Clark robinson Name (type or print): Clark robinson Date: 01/21/2017 Title: Manager | | | | | |
| Processed 01/21/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |