

|                                                                                                                                                        |                    |                                                                                                                                                     |        |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 140492</b>                                                                                                                                    |                    | <b>Due no later than Jul 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br>NORTH MAIN MOSCOW, LLC<br>SHELLEY L. BENNETT<br>2279 MOSER ST<br>MOSCOW ID 83843       |        | SHELLEY L BENNETT<br>2279 MOSER ST<br>MOSCOW ID 83843-8384 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                     |        | 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                                                                                                                                                 | SHELLEY L. BENNETT | 2279 MOSER STREET                                                                                                                                   | MOSCOW | ID                                                         | USA     | 83843       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 140492</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Shelley L. Bennett<br>Name (type or print): Shelley L. Bennett<br>Date: 05/20/2017<br>Title: Member |        |                                                            |         |             |  |
| Processed 05/20/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                           |        |                                                            |         |             |  |