| No. W 21715 | | Due no later than Dec 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------|---|----------------------|---|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | LESLY V WARD | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | eded. | 111 S STREET COEUR D'ALENE ID 83814 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 |
| MANAGER D | DUANE B. H | AGADONE | 111 S STREET | | COEUR D'ALENE | ID | USA | 83814 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Duane B. Hagadone | | | Date: 10/26/2015 | | | |
| W 21715 | | Name (type or print): Duane B. Hagadone | | | Title: Manager | | | |
| Processed 10/26/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |