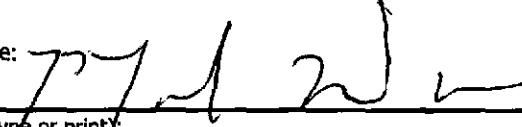


No. W 188259		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TWAYNE WALKER 3973 NORTH EAGLE RD BOISE ID 83713																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WALKER FAMILY GOODS, LLC 90 EAST MAIN ST STE 2 LEHI UT 84043		3. New Registered Agent Signature.																																				
NO FILING FEE IF RECEIVED BY DUE DATE																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ALEXA WALKER</td> <td>3973 North Eagle Road</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83713</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LOREN WALKER</td> <td>3973 North Eagle Road</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83713</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	ALEXA WALKER	3973 North Eagle Road	Boise	ID	USA	83713	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LOREN WALKER	3973 North Eagle Road	Boise	ID	USA	83713	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 188259		6. Signature:  Name (type or print): <u>MARK WARR</u> Date: <u>8/31/18</u> Title: <u>ACCT.</u>																																						
Issued 09/06/2018 by online																																								
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