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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------|---------------------|
| No. <b>W 138936</b>                                                                                                                                    |                 | <b>Due no later than Jun 30, 2015</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>STOOKEY 211 WEST D STREET, LLC<br>JACOB J STOOKEY<br>1740 A WALLER ST<br>SAN FRANCISCO CA 94117 |               | JAMES L WESTBERG<br>401 E VEATCH ST<br>MOSCOW ID 83843-9411 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                                   |               | 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 |
| MANAGER                                                                                                                                                | JAKE J. STOOKEY | 1740A WALLER ST                                                                                                                                                                                   | SAN FRANCISCO | CA                                                          | USA 94117           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 138936</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Jake J. Stookey<br>Name (type or print): Jake J. Stookey<br>Date: 06/23/2015<br>Title: Operating Manager                                          |               |                                                             |                     |
| Processed 06/23/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                         |               |                                                             |                     |