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| No. W 62749 | Due no later than May 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. | | BRAD ERICKSON 5047 W. PARSONS DR. BOISE ID 83714 | | | |
| | AUGUST 8TH ENTERPRISES, LLC BRAD W ERICKSON 5047 W. PARSONS DR. BOISE ID 83714 USA | | 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 | BRAD ERICKSON | 5047 W. PARSONS DR | BOISE | ID | | 83714 |
| 5. Organized Under the Laws of: ID W 62749 | | 6. Annual Report must be signed.* Signature: Brad Erickson Name (type or print): Brad Erickson | | Date: 07/01/2015 Title: Manager | | |
| Processed 07/01/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |