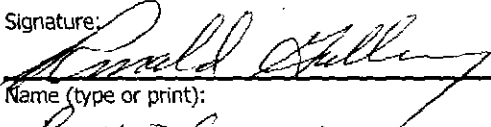
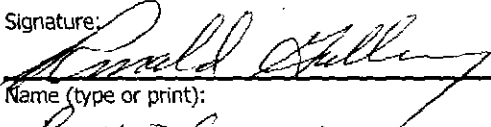
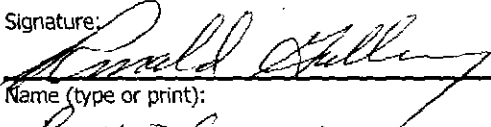


| | | | |
|--|--|--|--|
| No. W 132805 | Due no later than Jan 31, 2018 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) RONALD GALLOWAY 4377 W RED GRASS CT MERIDIAN ID 83646 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. POAS MANAGEMENT, LLC RONALD GALLOWAY 4377 W RED GRASS CT MERIDIAN ID 83646 | | 3. <u>New</u> Registered Agent Signature. |

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|---|-----------------|----------------------|----------------|-------|---------|-------------|
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | RONALD GALLOWAY | 4377 W RED GRASS CT | MERIDIAN ID | 83646 | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | JUDY AGALLOWAY | SAME | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | JOHN GALLOWAY | | TWIN FALLS, ID | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

| | | | |
|--|--|--|--|
| 5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 132805 </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): <u>RONALD GALLOWAY</u> </td> <td style="width: 40%;"> Date: <u>08-FEB-2018</u> Title: <u>MGR.</u> </td> </tr> </table> | Signature:  Name (type or print): <u>RONALD GALLOWAY</u> | Date: <u>08-FEB-2018</u> Title: <u>MGR.</u> |
| Signature:  Name (type or print): <u>RONALD GALLOWAY</u> | Date: <u>08-FEB-2018</u> Title: <u>MGR.</u> | | |