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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 34876</b>                                                                                                                                     |                      | <b>Due no later than Dec 31, 2016</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>                                                                                                                           |       | RUSSELL D HUNEMILLER<br>16130 N ELDER ST<br>NAMPA ID 83687 |         |             |  |
|                                                                                                                                                        |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PRIDE, L.L.C.<br>RUSSELL D HUNEMILLER<br>16130 N ELDER ST<br>NAMPA ID 83687        |       | 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 |  |
| MEMBER                                                                                                                                                 | RUSSELL D HUNEMILLER | 16130 N ELDER ST                                                                                                                                    | NAMPA | ID                                                         | USA     | 83687       |  |
| MEMBER                                                                                                                                                 | KAREN E HUNEMILLER   | 16130 N ELDER ST                                                                                                                                    | NAMPA | ID                                                         | USA     | 83687       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34876</b>                                                                                           |                      | 6. Annual Report must be signed.*<br>Signature: Russell Hunemiller<br>Name (type or print): Russell Hunemiller<br>Date: 10/31/2016<br>Title: Member |       |                                                            |         |             |  |
| Processed 10/31/2016                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                            |         |             |  |