

|                                                                                                                                                        |                |                                                                                                                                             |      |                                                       |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 130296</b>                                                                                                                                    |                | <b>Due no later than Oct 31, 2014</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>1. Mailing Address: Correct in this box if needed.</b><br><br>1223 GARLAND, LLC<br>TAMI MCHUGH<br>9387 N SNAFFLE BIT LN<br>KUNA ID 83634 |      | TAMI MCHUGH<br>9387 N SNAFFLE BIT LN<br>KUNA ID 83634 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                             |      | 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                                                                                                                                                 | TIMOTHY MCHUGH | 9387 N SNAFFLE BIT LN                                                                                                                       | KUNA | ID                                                    | USA     | 83634            |  |
| MEMBER                                                                                                                                                 | TAMI MCHUGH    | 9387 N SNAFFLE BIT LN                                                                                                                       | KUNA | ID                                                    | USA     | 83634            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                           |      |                                                       |         |                  |  |
| <b>ID<br/>W 130296</b>                                                                                                                                 |                | Signature: Tami McHugh                                                                                                                      |      |                                                       |         | Date: 08/23/2014 |  |
|                                                                                                                                                        |                | Name (type or print): Tami McHugh                                                                                                           |      |                                                       |         | Title: Member    |  |
| Processed 08/23/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                   |      |                                                       |         |                  |  |