

No. W 165865	Due no later than May 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT H ATKINSON 480 E ORION CT BOISE ID 83702																																			
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. HYLAND & HARPER LLC 480 E ORION CT BOISE ID 83702	3. <u>New</u> Registered Agent Signature.																																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>ROBERT ATKINSON</td> <td>480 E ORION CT</td> <td>BOISE</td> <td>ID</td> <td>USA</td> <td>83702</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	ROBERT ATKINSON	480 E ORION CT	BOISE	ID	USA	83702	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐					
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5. Organized Under the Laws of: IDAHO W 165865	6. Signature:  Name (type or print): ROBERT H ATKINSON			Date: 5/6/17 Title: OWNER																																		