

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 32676</b>   | <b>Due no later than Aug 31, 2016</b><br><b>Annual Report Form</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>CASTLE RIDGE CABINETS AND MILLWORK, L.L.C.<br>APRIL HOLVERSON<br>1725 CAMROSE ST<br>IDAHO FALLS ID 83402 |   | V WES HOLVERSON<br>1725 CAMROSE ST<br>IDAHO FALLS ID 83402 |       |         |             |
|  |   |   | 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   | V WES HOLVERSON   | 1725 CAMROSE ST   | IDAHO FALLS  | ID    |         | 83402       |
| MEMBER   | APRIL HOLVERSON   | 1725 CAMROSE ST   | IDAHO FALLS  | ID    |         | 83402       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 32676</b>   | 6. Annual Report must be signed.*<br>Signature: April Holverson<br>Name (type or print): April Holverson  |   | Date: 08/08/2016<br>Title: Member/Owner                    |       |         |             |
| Processed 08/08/2016   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |