

| | | | | | | | |
|--|-----------------|---|---------|--|---------|------------------|--|
| No. W 88732 | | Due no later than Dec 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SHARP & LIERMAN, LLC BETTE L LIERMAN 3205 E 3625 N KIMBERLY ID 83341-5342 | | BETTE L LIERMAN 3205 E 3625 N KIMBERLY ID 83341-5342 | | | |
| | | | | 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 | BETTE L LIERMAN | 3205 E 3625 N | KIMERLY | ID | USA | 83341-5342 | |
| MEMBER | JAMES S SHARP | 4254 N 2600 E | FILER | ID | USA | 83328 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 88732 | | Signature: Bette Lierman | | | | Date: 12/28/2017 | |
| | | Name (type or print): Bette Lierman | | | | Title: Member | |
| Processed 12/28/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |