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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------------------|
| No. <b>W 31596</b>                                                                                                                                     |                | <b>Due no later than Jun 30, 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TELEOS PARTNERS, LLC<br>CHRIS S TAYLOR<br>366 SE 44TH AVE<br>PORTLAND OR 97215 |          | KELLY MILLER<br>3615 VISTA DRIVE<br>NAMPA ID 83686 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                  |          | 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                                                                                                                                                 | CHRIS S TAYLOR | 366 SE 44TH AVE                                                                                                                                                                  | PORTLAND | WA                                                 | 97215               |
| MEMBER                                                                                                                                                 | KELLY S MILLER | 3615 VISTA DRIVE                                                                                                                                                                 | NAMPA    | ID                                                 | 83686               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 31596</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: chris s taylor<br>Name (type or print): chris s taylor<br>Date: 04/26/2016<br>Title: member                                      |          |                                                    |                     |
| Processed 04/26/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                        |          |                                                    |                     |