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| No. W 154445 | | Due no later than Jul 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TRACY HULSE FAMILY MANAGEMENT LLC TRACY Hulse 1475 Valley Steppe Dr BUHL ID 83316 USA | | STEPHEN H TELFORD 208 12TH AVE S NAMPA ID 83316-8331 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MEMBER | Name TRACY LYNN HULSE | Street or PO Address 1475 VALLEY STEPPE DR | | City BUHL | State ID | Country USA | Postal Code 83316 |
| 5. Organized Under the Laws of: ID W 154445 | | 6. Annual Report must be signed.* Signature: Tracy Hulse Name (type or print): Tracy Hulse Date: 05/23/2017 Title: Member | | | | | |
| Processed 05/23/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |