

|  |                  |  |        |  |         |             |  |
|--|------------------|--|--------|--|---------|-------------|--|
| No. <b>W 141043</b>  |                  | <b>Due no later than Aug 31, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>UTCR2 HOLDINGS LLC<br>RONALD L KOSTERS<br>4437 MCARTHUR LAKE ROAD<br>Naples ID 83847<br>USA |        | RONALD KOSTERS<br>4439 MCARTHUR LAKE RD<br>NAPLES ID 83647 |         |             |  |
|  |                  |  |        | 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 |  |
| MANAGER  | RONALD L KOSTERS | 4439 MCARTHUR LAKE RD  | NAPLES | ID   | USA     | 83847       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 141043</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Ronald Kusters<br>Name (type or print): Ronald Kusters<br>Date: 06/24/2016<br>Title: Manager                 |        |  |         |             |  |
| Processed 06/24/2016   |                  | * Electronically provided signatures are accepted as original signatures.  |        |  |         |             |  |