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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 163884</b>                                                                                                                                    |               | <b>Due no later than Mar 31, 2018</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>L.A. COMMERCIAL, LLC<br>13601 W MCMILLAN RD<br>STE 102 #332<br>BOISE ID 83713 |       | COMMERCIAL ASSET MANAGEMENT LLC<br>13601 W MCMILLAN RD<br>STE 102 #332<br>BOISE ID 83713-8371 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                |       | 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                                                                                                                                                | LOWELL VAUGHN | 13601 W. MCMILLAN RD STE: 102,<br>#332                                                                                                         | BOISE | ID                                                                                            | USA     | 83713            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                              |       |                                                                                               |         |                  |  |
| <b>ID<br/>W 163884</b>                                                                                                                                 |               | Signature: Lowell Vaughn                                                                                                                       |       |                                                                                               |         | Date: 02/02/2018 |  |
|                                                                                                                                                        |               | Name (type or print): Lowell Vaughn                                                                                                            |       |                                                                                               |         | Title: Manager   |  |
| Processed 02/02/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                                                               |         |                  |  |