

|  |                 |   |              |   |                     |
|--|-----------------|---|--------------|---|---------------------|
| No. <b>W 150697</b>  |                 | <b>Due no later than Apr 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>KAIXIN MANAGEMENT LLC<br>MATTHEW C BROWN<br>PO BOX 131<br>SODA SPRINGS ID 83276 |              | MATTHEW C BROWN<br>2689 MEADOWVILLE ROAD<br>SODA SPRINGS ID 83276 |                     |
|  |                 |   |              | 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   | MATTHEW C BROWN | 2689 MEADOWVILLE ROAD   | SODA SPRINGS | ID  | USA 83276           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 150697</b>  |                 | 6. Annual Report must be signed.*<br>Signature: Matthew Brown<br>Name (type or print): Matthew Brown<br>Date: 02/25/2016<br>Title: Member   |              |   |                     |
| Processed 02/25/2016   |                 | * Electronically provided signatures are accepted as original signatures.   |              |   |                     |