

|                                                                                                                                                        |              |                                                                                                                                                      |       |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 153028</b>                                                                                                                                    |              | <b>Due no later than Jun 30, 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>STONEBRIDGE VENTURES LLC<br>JEFF KLASSEN<br>2327 N PARKFOREST WAY<br>EAGLE ID 83616 |       | JEFF KLASSEN<br>2327 N PARKFOREST WAY<br>EAGLE ID 83616 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                      |       | 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                                                                                                                                                 | JEFF KLASSEN | 2327 N PARKFOREST WAY                                                                                                                                | EAGLE | ID                                                      | USA     | 83616       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 153028</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Jeff Klassen<br>Name (type or print): Jeff Klassen<br>Date: 04/23/2018<br>Title: Manager             |       |                                                         |         |             |  |
| Processed 04/23/2018                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                            |       |                                                         |         |             |  |