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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 90210</b>                                                                                                                                     |                | <b>Due no later than Jan 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>STEELPORT, LLC<br>8565 SW SALISH LANE, STE 140<br>WILSONVILLE OR 97070 |        | BC BUSINESS SERVICES INC<br>C/O WAYNE BARNEY<br>120 16TH AVE NORTH<br>NAMPA ID 83687 |         |                       |  |
|                                                                                                                                                        |                |                                                                                                                                                                          |        | 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                                                                                                                                                | GEORGE A HICKS | 52410 NW SCOFIELD RD                                                                                                                                                     | BUXTON | OR                                                                                   | USA     | 97109                 |  |
| 5. Organized Under the Laws of:<br><br><b>OR</b><br><b>W 90210</b>                                                                                     |                | 6. Annual Report must be signed.*<br>Signature: Jennifer Anderson<br>Name (type or print): Jennifer Anderson                                                             |        |                                                                                      |         |                       |  |
|                                                                                                                                                        |                |                                                                                                                                                                          |        | Date: 11/16/2015                                                                     |         | Title: Office Manager |  |
| Processed 11/16/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                |        |                                                                                      |         |                       |  |