

|  |                        |   |             |  |         |             |  |
|--|------------------------|---|-------------|--|---------|-------------|--|
| No. <b>W 127418</b>  |                        | <b>Due no later than Jul 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>DOMAIN INVESTMENTS LLC<br>BRETT NICHOLAS<br>215 WHISPER COVE PLACE<br>IDAHO FALLS ID 83404 |             | BRETT NICHOLAS<br>215 WHISPER COVE PLACE<br>IDAHO FALLS ID 83404 |         |             |  |
|  |                        |   |             | 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  | SUZANNE MARIE NICHOLAS | 215 WHISPER COVE PLACE  | IDAHO FALLS | ID   | USA     | 83404       |  |
| MANAGER  | BRETT NICHOLAS         | 215 WHISPER COVE PLACE  | IDAHO FALLS | ID   | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 127418</b>  |                        | 6. Annual Report must be signed.*<br>Signature: Suzanne Nicholas<br>Name (type or print): Suzanne Nicholas  |             |  |         |             |  |
|  |                        | Date: 06/01/2016<br>Title: Manager  |             |  |         |             |  |
| Processed 06/01/2016   |                        | * Electronically provided signatures are accepted as original signatures.   |             |  |         |             |  |