| No. W 108223 Return to: | | Due no later than Nov 30, 2015 Annual Report Form | 2. Registered Agent and Address (NO PO BOX) JEFFREY BRYSON | | | | |
|--|-------------------|---|---|--|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if EAB HOLDING COMPANY LLC JEFFREY BRYSON 349 W IOWA AVE NAMPA ID 83686 | needed. | 349 W IOWA AVE NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 200 | panies: Enter Nar | nes and Addresses of at least one Member or Man | ager. | | | | |
| Office Held | Name | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | LISA M BRY | SON 349 WEST IOWA AVE | | NAMPA | ID | USA | 83686 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Jeffrey Bryson Date: 09/21/2015 | | | | | |
| W 108223 | | Name (type or print): Jeffrey Bryson | | Title: DDS | | | |
| Processed 09/21/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |