

|                                                                                                                                                        |                        |                                                                                                                                                   |          |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>J 317</b>                                                                                                                                       |                        | <b>Due no later than Feb 28, 2015</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>SHERER AND WYNKOOP LLP<br>STEPHEN T SHERER<br>730 N MAIN ST<br>MERIDIAN ID 83642 |          | STEPHEN T SHERER<br>730 N MAIN ST<br>MERIDIAN 83642 |         |             |  |
|                                                                                                                                                        |                        |                                                                                                                                                   |          | 3. <u>New</u> Registered Agent Signature:*          |         |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.                                                     |                        |                                                                                                                                                   |          |                                                     |         |             |  |
| Office Held                                                                                                                                            | Name                   | Street or PO Address                                                                                                                              | City     | State                                               | Country | Postal Code |  |
| PARTNER                                                                                                                                                | WYNKOOP LAW OFFICES PA | 730 N MAIN ST                                                                                                                                     | MERIDIAN | ID                                                  | USA     | 83642       |  |
| PARTNER                                                                                                                                                | SHERER LAW OFFICES PA  | 730 N MAIN ST                                                                                                                                     | MERIDIAN | ID                                                  | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 317</b>                                                                                             |                        | 6. Annual Report must be signed.*<br>Signature: Stephen T. Sherer<br>Name (type or print): Stephen T. Sherer                                      |          |                                                     |         |             |  |
|                                                                                                                                                        |                        | Date: 12/16/2014<br>Title: Pres. of Partner                                                                                                       |          |                                                     |         |             |  |
| Processed 12/16/2014                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                         |          |                                                     |         |             |  |