| No. <b>W 515</b>   |  | Due no later than Sep 30, 2015   |  | 2. Registered                       | 2. Registered Agent and Address (NO PO BOX)  JOHN MACKEY  4679 W PRICKLY PEAR DR  EAGEL ID 83616 |            |                |  |
|--|--|--|--|-------------------------------------|--|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  KOWALLIS AND MACKEY, IV, L.L.C.  JOHN MACKEY  4679 W PRICKLY PEAR DR  EAGLE ID 83616  mes and Addresses of at least one Member or Manager. |  | 4679 W PR                           |  |            |                |  |
|  |  |  |  | 3. New Registered Agent Signature:* |  |            |                |  |
| Office Held  | Name   | nes and Addres   | Street or PO Address                     | City                                | State  | Country    | Postal Code    |  |
| MEMBER<br>MEMBER   | DOUG L KOWALLIS<br>JOHN MACKEY   |  | 3019 INIS ST<br>4679 W. PRICKLY PEAR DR. | BOISE<br>EAGLE                      | ID<br>ID   | USA<br>USA | 83703<br>83616 |  |
| 5. Organized Under the Laws of:  ID  W 515   |  | 6. Annual Report must be signed.* Signature: John Mackey Name (type or print): John Mackey   |  | Date: 08/18/2015<br>Title: Manager  |  |            |                |  |
| Processed 08/18/2015   | d 08/18/2015 * Electronically provided signatures are accepted as original signatures. |  |  |                                     |  |            |                |  |