

|                                                                                                                                                        |               |                                                                                                                                     |         |                                                            |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------|---------|-------------------|--|
| No. <b>W 99393</b>                                                                                                                                     |               | <b>Due no later than Jan 31, 2017</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>LOLA GIRL, LLC<br>THOMAS J WEST<br>PO BOX 3933<br>KETCHUM ID 83340 |         | ROBERT KORB<br>128 SADDLE RD SUITE 103<br>KETCHUM ID 83340 |         |                   |  |
|                                                                                                                                                        |               |                                                                                                                                     |         | 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       |  |
| MEMBER                                                                                                                                                 | THOMAS J WEST | PO BOX 3933                                                                                                                         | KETCHUM | ID                                                         | USA     | 83340             |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                   |         |                                                            |         |                   |  |
| <b>ID<br/>W 99393</b>                                                                                                                                  |               | Signature: Linda Murphy                                                                                                             |         |                                                            |         | Date: 11/26/2016  |  |
|                                                                                                                                                        |               | Name (type or print): Linda Murphy                                                                                                  |         |                                                            |         | Title: Bookkeeper |  |
| Processed 11/26/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                           |         |                                                            |         |                   |  |