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| No. W 174697 | Due no later than Nov 30, 2017 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) LEEJOHN HOLMES 1410 BIRCH AVE LEWISTON ID 83501 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. IHAVETHEBESTPRODUCTS.COM LLC LEEJOHN HOLMES 1410 BIRCH AVE LEWISTON ID 83501 | | 3. <u>New</u> Registered Agent Signature. |

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|---|-----------------|----------------------|------|-------|----------|-------------|
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Lee John Holmes | SOLE OWNER | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | 1410 BIRCH AVE. | LEW. | ID. | | 83501 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | NEZPERCE | COUNTY |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

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|---|--|-----------------------------------|-----------------------|--|---------------------|
| 5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 174697 </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Lee John Holmes</u> </td> <td style="width: 40%;"> Date: <u>12/21/17</u> </td> </tr> <tr> <td> Name (type or print): <u>Lee John Holmes</u> </td> <td> Title: <u>OWNER</u> </td> </tr> </table> | Signature: <u>Lee John Holmes</u> | Date: <u>12/21/17</u> | Name (type or print): <u>Lee John Holmes</u> | Title: <u>OWNER</u> |
| Signature: <u>Lee John Holmes</u> | Date: <u>12/21/17</u> | | | | |
| Name (type or print): <u>Lee John Holmes</u> | Title: <u>OWNER</u> | | | | |

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