

|  |                     |  |       |  |         |             |  |
|--|---------------------|--|-------|--|---------|-------------|--|
| No. <b>W 140480</b>  |                     | <b>Due no later than Jul 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>P. CRAIG STORTI LLC<br>P. CRAIG STORTI<br>3614 TRAIL CIRCLE<br>BOISE ID 83704   |       | P. CRAIG STORTI<br>3614 TRAIL CIRCLE<br>BOISE ID 83704 |         |             |  |
|  |                     |  |       | 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 |  |
| MANAGER  | PHILIP CRAIG STORTI | 3614 TRAIL CIRCLE  | BOISE | ID   | USA     | 83704-4563  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 140480</b>  |                     | 6. Annual Report must be signed.*<br>Signature: P. Craig Storti<br>Name (type or print): P. Craig Storti<br>Date: 05/31/2017<br>Title: President |       |  |         |             |  |
| Processed 05/31/2017   |                     | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |