

|                                                                                                                                                        |            |                                                                                                                                    |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>C 129528</b>                                                                                                                                    |            | <b>Due no later than Jun 30, 2018</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>LARAE, INC.<br>LISA CLINE<br>5022 FAIRVIEW AVE.<br>BOISE ID 83706 |       | LISA CLINE<br>5022 FAIRVIEW<br>BOISE ID 83706      |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                    |       | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |            |                                                                                                                                    |       |                                                    |         |                  |  |
| Office Held                                                                                                                                            | Name       | Street or PO Address                                                                                                               | City  | State                                              | Country | Postal Code      |  |
| PRESIDENT                                                                                                                                              | LISA CLINE | 5022 FAIRVIEW AVE                                                                                                                  | BOISE | ID                                                 | USA     | 83706            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                  |       |                                                    |         |                  |  |
| <b>ID<br/>C 129528</b>                                                                                                                                 |            | Signature: Lisa Cline                                                                                                              |       |                                                    |         | Date: 05/01/2018 |  |
|                                                                                                                                                        |            | Name (type or print): Lisa Cline                                                                                                   |       |                                                    |         | Title: President |  |
| Processed 05/01/2018                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                          |       |                                                    |         |                  |  |