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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>W 179058</b>                                                                                                                                    |                  | <b>Due no later than Feb 28, 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>VR WORLD LLC<br>FLORIN FLEISCHER<br>PO BOX 3621<br>KETCHUM ID 83340 |          | FLORIN FLEISCHER<br>1064 W DARRAH DR<br>MERIDIAN ID 83646 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                      |          | 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                                                                                                                                                 | FLORIN FLEISCHER | 1064 W DARRAH DR                                                                                                                     | MERIDIAN | ID                                                        | USA     | 83646            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                    |          |                                                           |         |                  |  |
| <b>ID<br/>W 179058</b>                                                                                                                                 |                  | Signature: FLORINFLEISCHER                                                                                                           |          |                                                           |         | Date: 01/04/2018 |  |
|                                                                                                                                                        |                  | Name (type or print): FLORINFLEISCHER                                                                                                |          |                                                           |         | Title: OWNER     |  |
| Processed 01/04/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                            |          |                                                           |         |                  |  |