

| | | | | | | |
|--|---|---|---|-------|---------|-------------|
| No. W 91367 | Due no later than Mar 31, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. CENTERPOINT CAPITAL PARTNERS LLC JOEL PHILLIPS PO BOX 2986 POCATELLO ID 83206 | | JOEL PHILLIPS 275 S. 5TH AVE STE 151 POCATELLO ID 83201 | | | |
| | | | 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 | JOEL PHILLIPS | PO BOX 2986 | POCATELLO | ID | USA | 83206 |
| 5. Organized Under the Laws of: ID W 91367 | | 6. Annual Report must be signed.* Signature: JOEL PHILLIPS Name (type or print): JOEL PHILLIPS Date: 04/20/2018 Title: MEMBER | | | | |
| Processed 04/20/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |