

|                                                                                                                                                        |                    |                                                                                                                                     |       |                                                          |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 94609</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>LIPSINC LLC<br>DONALD M LIDSTROM<br>PO BOX 44304<br>BOISE ID 83711 |       | DONALD M LIDSTROM<br>1760 N MICHELL ST<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             |  |
| MEMBER                                                                                                                                                 | DOUGLAS E FLANDERS | 1840 E RIDGECREST DR                                                                                                                | BOISE | ID                                                       | USA     | 83712                   |  |
| MEMBER                                                                                                                                                 | CARMINE CARUSO     | 1840 E RIDGECREST DR                                                                                                                | BOISE | ID                                                       | USA     | 83712                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                   |       |                                                          |         |                         |  |
| <b>ID<br/>W 94609</b>                                                                                                                                  |                    | Signature: DONALD M LIDSTROM                                                                                                        |       |                                                          |         | Date: 05/17/2017        |  |
|                                                                                                                                                        |                    | Name (type or print): DONALD M LIDSTROM                                                                                             |       |                                                          |         | Title: REGISTERED AGENT |  |
| Processed 05/17/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                           |       |                                                          |         |                         |  |