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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------------------|
| No. <b>W 71121</b>                                                                                                                                     |                 | <b>Due no later than Feb 29, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>EAST END, LLC<br>MICHAEL J SWOPE<br>2244 SWALLOWTAIL<br>BOISE ID 83706 |       | MICHAEL J SWOPE<br>2244 SWALLOWTAIL<br>BOISE ID 83706 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                          |       | 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                                                                                                                                                | MICHAEL J SWOPE | 2244 SWALLOWTAIL                                                                                                                                                         | BOISE | ID                                                    | 83706               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 71121</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Michael J Swope<br>Name (type or print): Michael J Swope<br>Date: 12/31/2015<br>Title: Manager                           |       |                                                       |                     |
| Processed 12/31/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                |       |                                                       |                     |