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| No. W 42457 | | Due no later than Aug 31, 2016 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 | | 1. Mailing Address: Correct in this box if needed. PATER ET FILIAE, L.L.C. CHARLES M. DODSON 1424 SHERMAN AVE STE 300 COEUR D'ALENE ID 83814 | | CHARLES M DODSON 1424 SHERMAN AVE STE 300 COEUR D'ALENE ID 83814 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | CHARLES M DODSON | 1424 SHERMAN AVE STE 300 | COEUR D'ALENE | ID | 83814 | | |
| MANAGER | CHAD W C DODSON | 1424 SHERMAN AVE STE 300 | COEUR D'ALENE | ID | 83814 | | |
| MANAGER | BLAINE D DODSON | 1424 SHERMAN AVE STE 300 | COEUR D'ALENE | ID | 83814 | | |
| MANAGER | DIANA J DODSON | 1424 SHERMAN AVE STE 300 | COEUR D'ALENE | ID | 83814 | | |
| 5. Organized Under the Laws of: ID W 42457 | | 6. Annual Report must be signed.* Signature: Charles M. Dodson Name (type or print): Charles M. Dodson Date: 06/29/2015 Title: Manager | | | | | |
| Processed 06/29/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |