

|                                                                                                                                                        |              |                                                                                                                                        |         |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 132749</b>                                                                                                                                    |              | <b>Due no later than Jan 31, 2015</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>OCHI GALLERY LLC<br>PO BOX 193<br>KETCHUM ID 83340                    |         | PAULINA N OCHI<br>119 LEWIS STREET<br>KETCHUM 83340 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                        |         | 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                                                                                                                                                 | PAULINA OCHI | PO BOX 193                                                                                                                             | KETCHUM | ID                                                  | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 132749</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Paulina Ochi<br>Name (type or print): Paulina Ochi<br>Date: 12/04/2014<br>Title: agent |         |                                                     |         |             |  |
| Processed 12/04/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                              |         |                                                     |         |             |  |