| No. W 86228 | | Due no later than Aug 31, 2018 | | 2. Regis | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------------|---|--|----------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MOOT INVESTMENTS, LLC FRED K. O'BRIEN 1491 PINE LAKES RANCH DR CASCADE ID 83611 | | 1404 | FRED K OBRIEN 1491 PINE LAKES RANCH DR CASCADE ID 83611 3. New Registered Agent Signature:* | | | |
| | | | | CASC | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA USA | 83011 | 3. <u>INEW</u> | 3. Ivew Registered Agent Signature. | | | |
| 4. Limited Liability Com | panies: Enter Na | mes and Address | ses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | MANAGER FRED K. O'BR | | 1491 PINE LAKES RANCH DR | CASCA | ADE ID | USA | 83611 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Fred K. O'Brien | | | Date: 06/18/2018 | | | |
| W 86228 | | Name (type or print): Fred K. O'Brien | | | Title: Manager | | | |
| Processed 06/18/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |