

|  |  |   |  |       |         |             |
|--|--|---|--|-------|---------|-------------|
| No. <b>W 22529</b>   | <b>Due no later than Jan 31, 2014</b><br><b>Annual Report Form</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>  |   | BRENT L CHAPMAN<br>11344 W GREYLING CT<br>BOISE ID 83709 |       |         |             |
|  | CHAPMAN GROUP, LLC (THE)<br>KIMBERLY N CHAPMAN<br>11344 W GREYLING CT<br>BOISE ID 83709                    |   | 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  | BRENT L CHAPMAN  | 11344 W GREYLING CT   | BOISE  | ID    | USA     | 83709       |
| MANAGER  | KIMBERLY N CHAPMAN   | 11344 W GREYLING CT   | BOISE  | ID    | USA     | 83709       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 22529</b>   | 6. Annual Report must be signed.*<br>Signature: Kimberly Chapman<br>Name (type or print): Kimberly Chapman |   | Date: 01/23/2014<br>Title: Manager                       |       |         |             |
| Processed 01/23/2014   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |