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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 31415</b>                                                                                                                                     |                         | <b>Due no later than Jun 30, 2017</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>                                                                                                                                |           | KELWANT KAUR BHAG SINGH<br>234 S 12TH<br>POCATELLO ID 83201 |         |             |  |
|                                                                                                                                                        |                         | <b>1. Mailing Address: Correct in this box if needed.</b><br>IDAHO ACCELERATOR WORKS, LLC<br>KELWANT KAUR BHAG SINGH<br>234 S 12TH<br>POCATELLO ID 83201 |           | 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                                                                                                                                                | KELWANT KAUR BHAG SINGH | 234 S 12TH                                                                                                                                               | POCATELLO | ID                                                          | USA     | 83201       |  |
| MANAGER                                                                                                                                                | MIKE SMITH              | 234 S 12TH                                                                                                                                               | POCATELLO | ID                                                          | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 31415</b>                                                                                           |                         | 6. Annual Report must be signed.*<br>Signature: Mike Smith<br>Name (type or print): Mike Smith                                                           |           |                                                             |         |             |  |
|                                                                                                                                                        |                         | Date: 06/08/2017<br>Title: Manager                                                                                                                       |           |                                                             |         |             |  |
| Processed 06/08/2017                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                                |           |                                                             |         |             |  |