

|  |  |   |  |       |         |             |
|--|--|---|--|-------|---------|-------------|
| No. <b>W 50936</b>   | <b>Due no later than May 31, 2017</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><br>SCOTT COMMUNITY SERVICES, LLC<br>WILLIAM K SCOTT<br>BOX 307<br>DEARY ID 83823 |   | WM KEITH SCOTT<br>507 OREGON ST<br>DEARY ID 83823  |       |         |             |
|  |  |   | 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   | WM KEITH SCOTT   | BOX 307   | DEARY  | ID    |         | 83823       |
| MEMBER   | MELANIE J SCOTT  | BOX 307   | DEARY  | ID    |         | 83823       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 50936</b>   | 6. Annual Report must be signed.*<br>Signature: Wm Keith Scott<br>Name (type or print): Wm Keith Scott                                     |   | Date: 03/18/2017<br>Title: President               |       |         |             |
| Processed 03/18/2017   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |