

|  |   |   |         |       |         |             |
|--|---|---|---------|-------|---------|-------------|
| No. <b>W 108303</b>  | <b>Due no later than Nov 30, 2015</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><br>LONE WOLF DESIGNS, LLC<br>DANIEL R SHEPARD JR<br>57 SHEPARD RD<br>OLDTOWN ID 83822           | DANIEL R SHEPARD JR<br>57 SHEPARD RD<br>OLDTOWN ID 83822                  |         |       |         |             |
|  |   | 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   | DANIEL R SHEPARD  | 57 SHEPARD RD   | OLDTOWN | ID    | USA     | 83822       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 108303</b>  | 6. Annual Report must be signed.*<br>Signature: DarLynn M. Thompson<br>Name (type or print): DarLynn M. Thompson<br><br>Date: 09/23/2015<br>Title: Bookkeeper |   |         |       |         |             |
| Processed 09/23/2015   |   | * Electronically provided signatures are accepted as original signatures. |         |       |         |             |