| No. W 148396 | Due | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|------------------------------------|--|--|------------|-------------|--|
| Return to: | Annual Report Form | | to provide the control of the contro | LINDA KAY FLEETWOOD | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Add MICHIGAN PARK LINDA KAY FLE PO BOX 2970 MCCALL ID 83 | ETWOOD | MCCALL ID | 13952 EASY STREET MCCALL ID 83638 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER LINDA KAY | FLEETWOOD | PO BOX 2970 | MCCALL | ID | USA | 83638 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: Linda Kay Fleetwood Date: 12/30/2 | | | | 12/30/2015 | | |
| W 148396 | Name (type or p | | Title: Member | | | | |
| Processed 12/30/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | |