| No. W 115106 Return to: | | Due no later than Jun 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. PARRYDQ LLC MICHAEL PARRY 805 BLUE LAKES BLVD N TWIN FALLS ID 83301 | | | 2. Registered Agent and Address (NO PO BOX) MICHAEL PARRY 805 BLUE LAKES BLVD N TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
|--|-----------------|--|--------------------------------------|--|---|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | MICHAEL PARRY | | 805 BLUE LAKES BLVD N | | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Michael Parry | | | Date: 08/07/2015 | | | |
| W 115106 | | Name (type or print): Michael Parry | | | Title: Owner | | | |
| Processed 08/07/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |