| No. <b>W 100770</b>  |          | Due no later than Feb 29, 2016   |                      | 2. Registered    | 2. Registered Agent and Address (NO PO BOX)                                |         |             |  |
|--|----------|--|----------------------|------------------|--|---------|-------------|--|
| Return to:   |          | Annual Report Form   |                      |                  | CLAUDIA A BITHER FOLTZ   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |          | 1. Mailing Address: Correct in this box if needed.  FILLMORE, LLC CLAUDIA A BITHER FOLTZ 4983 W BAYWOOD ST BOISE ID 83703-2794 |                      | BOISE ID         | 4983 W BAYWOOD ST BOISE ID 83703-2794  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |          |  |                      |                  |  |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |          |  |                      |                  |  |         |             |  |
| Office Held N  | lame     |  | Street or PO Address | City             | State  | Country | Postal Code |  |
| MANAGER CI   | LAUDIA A | BITHER FOLTZ   | 4983 W BAYWOOD ST    | BOISE            | ID   |         | 83703-2794  |  |
| 5. Organized Under the Laws of:  |          | 6. Annual Report must be signed.*  |                      |                  |  |         |             |  |
| ID   |          | Signature: Claud   |                      | Date: 12/24/2015 |  |         |             |  |
| W 100770   |          | Name (type or pr   |                      | Title: Manager   |  |         |             |  |
| Processed 12/24/2015 * Electronically provided signatures are accepted as original signatures. |          |  |                      |                  |  |         |             |  |