| No. W 149857 | | Due no later than Apr 30, 2017 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------|---------------------------------------|--|------|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | CAPAUL-CL JUSTIN CA 5079 N PINI | Annual Report Form Address: Correct in this box if no UTTER, LLC PAUL EGROVE DR LENE ID 83815 | | JUSTIN CAPAUL 5079 N PINEGROVE DR COEUR D ALENE ID 83815 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | ames and Addre | sses of at least one Member or Manac | Jer | | | | |
| Office Held | Name | arries and Addre | Street or PO Address | jei. | City | State | Country | Postal Code |
| MANAGER | ROBERT C | APAUL | 3011 N 19TH | | COEUR D' ALENE | ID | USA | 83815 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Justin Capaul | | | Date: 05/24/2017 | | | |
| W 149857 | | Name (type or print): Justin Capaul | | | Title: Registered Agent | | | |
| Processed 05/24/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |