

|  |               |  |          |  |                  |             |  |
|--|---------------|--|----------|--|------------------|-------------|--|
| No. <b>W 98199</b>   |               | <b>Due no later than Nov 30, 2016</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>Annual Report Form</b>  |          | JIM FAUST<br>15188 GRIFFIN LN<br>CALDWELL ID 83607 |                  |             |  |
|  |               | <b>1. Mailing Address: Correct in this box if needed.</b>                                      |          | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|  |               | FAUST DEVELOPMENT GROUP LLC<br>SHERI L FAUST<br>15188 GRIFFIN LANE<br>CALDWELL ID 83607<br>USA |          |  |                  |             |  |
| 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 |  |
| MANAGER  | SHERI L FAUST | 15188 GRIFFIN LANE   | CALDWELL | ID   | USA              | 83607       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |          |  |                  |             |  |
| <b>ID<br/>W 98199</b>  |               | Signature: Sheri Faust   |          |  | Date: 10/18/2016 |             |  |
|  |               | Name (type or print): Sheri Faust  |          |  | Title: owner     |             |  |
| Processed 10/18/2016   |               | * Electronically provided signatures are accepted as original signatures.                      |          |  |                  |             |  |