

|  |                      |   |  |   |             |                |                      |
|--|----------------------|---|--|---|-------------|----------------|----------------------|
| No. <b>W 134063</b>  |                      | <b>Due no later than Feb 29, 2016</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )        |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SCHKADE HOLDINGS LLC<br>JENS SCHKADE<br>PO BOX 555<br>GRAND VIEW ID 83624      |  | RAELYNN SCHKADE<br>25686 BOUNDARY RD<br>GRAND VIEW ID 83624 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                      |   |  | 3. <u>New</u> Registered Agent Signature:*                  |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                      |   |  |   |             |                |                      |
| Office Held<br>MEMBER  | Name<br>JENS SCHKADE | Street or PO Address<br>PO BOX 555  |  | City<br>GRAND VIEW  | State<br>ID | Country<br>USA | Postal Code<br>83624 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 134063</b>                                |                      | 6. Annual Report must be signed.*<br><br>Signature: jens schkade<br>Name (type or print): jens schkade<br><br>Date: 01/11/2016<br>Title: member |  |   |             |                |                      |
| Processed 01/11/2016 * Electronically provided signatures are accepted as original signatures.     |                      |   |  |   |             |                |                      |