| No. W 114509 | | Due no later than Jun 30, 2016 | 2. Registered Agent and Address (NO PO BOX) JARED ORR 7531 S 1800 W | | | |
|--|-------------------|--|--|---|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. | | | | |
| | | ARCHER COMMUNITY PARTNERS LLC JARED ORR 39 PROFESSIONAL PLAZA REXBURG ID 83440 | | REXBURG ID 83440 3. New Registered Agent Signature:* | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | NEGOTIO 05110 | | | | |
| 4. Limited Liability Con | npanies: Enter Na | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MEMBER JARRED ORF | | R 39 PROFESSIONAL PLAZA | REXBURG | ID | USA | 83440 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: JARED ORR | Date: 04/25/2016 | | | |
| W 114509 | | Name (type or print): JARED ORR | Title: MEMBER | | | |
| Processed 04/25/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | |