| No. <b>W 96060</b><br>Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><b>NO FILING FEE IF</b><br><b>RECEIVED BY DUE DATE</b> |    | Due no later than Aug 31, 2016         Annual Report Form         L. Mailing Address: Correct in this box if needed.         CASE PROGRESSION, LLC         ERIC DALLING       1179 E STAR DR         MERIDIAN ID 83646       83646 |                   | 2. Registered Agent and Address (NO PO BOX)     ERIC DALLING     1179 E STAR DR     MERIDIAN ID 83646  3. <u>New</u> Registered Agent Signature:* |  |  |  |                         |                    |                                                      |       |         |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------|--------------------|------------------------------------------------------|-------|---------|---------|-------------|
|                                                                                                                                                                                |    |                                                                                                                                                                                                                                    |                   |                                                                                                                                                   |  |  |  | 4. Limited Liability Co | ompanies: 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                  | ERIC DALLIN        | NG 1179 E. STAR DR.                                  | MERII | DIAN ID | USA     | 83646       |
| 5. Organized Under the Laws of:                                                                                                                                                |    | 6. Annual Report must be signed.*                                                                                                                                                                                                  |                   |                                                                                                                                                   |  |  |  |                         |                    |                                                      |       |         |         |             |
| ID                                                                                                                                                                             |    | Signature: Eric Dalling                                                                                                                                                                                                            |                   | Date: 08/18/2016                                                                                                                                  |  |  |  |                         |                    |                                                      |       |         |         |             |
| W 96060                                                                                                                                                                        |    | Name (type or print): Eric Dalling                                                                                                                                                                                                 |                   | Title: Owner/Manager                                                                                                                              |  |  |  |                         |                    |                                                      |       |         |         |             |
| Processed 08/18/201                                                                                                                                                            | 16 | * Electronically provided signatures are accepted as orig                                                                                                                                                                          | ninal signatures. |                                                                                                                                                   |  |  |  |                         |                    |                                                      |       |         |         |             |