| No. W 8826 | | Due no later than May 31, 2018 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|---|------------|-----------|-------------|
| 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. ACORN CAPITAL, LLC BLAKE QUINN PO BOX 226789 | BLAKE QUINN 1730 AIRPORT CIRCLE HAILEY ID 83333 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | LOS ANGELES CA 90022-0489 | 3. <u>New</u> Registere | d Agent Si | gnature:* | |
| 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 BLAKE QUIN | | PO BOX 226789 | LOS ANGELES | CA | | 90022 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Kris Paluzzi | Date: 04/17/2018 | | | |
| W 8826 | | Name (type or print): Kris Paluzzi | Title: Mgr - Financial Planning | | | |
| Processed 04/17/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | |