

| | | | | | | | |
|--|-------------------|--|-------|--|---------|-------------|--|
| No. W 89452 | | Due no later than Dec 31, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SARAH CONNOLLY, LLC SARAH CONNOLLY 2750 S. FALLING BROOK WAY BOISE ID 83706-4907 | | SARAH CONNOLLY 2750 S. FALLING BROOK WAY BOISE ID 83706-4907 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | JOHN P. CONNOLLY | 2750 S. FALLING BROOK WAY | BOISE | ID | USA | 83706-4907 | |
| MANAGER | SARAH S. CONNOLLY | 2750 S. FALLING BROOK WAY | BOISE | ID | USA | 83706-4907 | |
| 5. Organized Under the Laws of: ID W 89452 | | 6. Annual Report must be signed.* Signature: Sarah Connolly Name (type or print): Sarah Connolly | | | | | |
| | | Date: 10/14/2015 Title: Manager | | | | | |
| Processed 10/14/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |