

| | | | | | | |
|--|--|---|---|-------|---------|-------------|
| No. W 94660 | Due no later than Jul 31, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. POKORNY FAMILY, L.L.C. ALAN T POKORNY 6722 SOUTH SHELBY RIDGE SPOKANE ID 99224 | | DONI GUYER 283 COUGAR RUN RD PRIEST LAKE ID 83856 | | | |
| | | | 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 | ALAN T POKORNY | 6722 SOUTH SHELBY RIDGE | SPOKANE | WA | USA | 99224 |
| 5. Organized Under the Laws of: ID W 94660 | 6. Annual Report must be signed.* Signature: al pokorny , MD Name (type or print): al pokorny , MD | | Date: 06/03/2018 Title: manager | | | |
| Processed 06/03/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |