

|                                                                                                                                                        |                    |                                                                                                                                                       |        |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 145537</b>                                                                                                                                    |                    | <b>Due no later than Jan 31, 2016</b>                                                                                                                 |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ALMON DEVELOPMENT ONE, LLC<br>RODERICK D OLPS JR<br>931 HAROLD ST<br>MOSCOW ID 83843 |        | RODERICK D OLPS JR<br>931 HAROLD ST<br>MOSCOW ID 83843 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                       |        | 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                                                                                                                                                | RODERICK D OLPS JR | 931 HAROLD ST.                                                                                                                                        | MOSCOW | ID                                                     | USA     | 83843            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                     |        |                                                        |         |                  |  |
| <b>ID<br/>W 145537</b>                                                                                                                                 |                    | Signature: Roderick Olps                                                                                                                              |        |                                                        |         | Date: 11/27/2015 |  |
|                                                                                                                                                        |                    | Name (type or print): Roderick Olps                                                                                                                   |        |                                                        |         | Title: manager   |  |
| Processed 11/27/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                             |        |                                                        |         |                  |  |