

| | | | | | | | |
|--|----------------|--|-------------------|---|---------|-------------|--|
| No. W 117058 | | Due no later than Sep 30, 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. COUSINS CAMP LLC CINDY MERK 7351 N. COLFAX STREET DALTON GARDENS ID 83815 USA | | DONALD L MERK 7351 N. COLFAX STREET DALTON GARDENS ID 83815 | | | |
| 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 | |
| MEMBER | CYNTHIA K MERK | 7351 N. COLFAX STREET | DALTON GARDENS | ID | USA | 83815 | |
| 5. Organized Under the Laws of: ID W 117058 | | 6. Annual Report must be signed.* Signature: Cynthia Merk Name (type or print): Cynthia Merk | | | | | |
| Processed 08/21/2015 | | Date: 08/21/2015 Title: Member * Electronically provided signatures are accepted as original signatures. | | | | | |