

|                                                                                                                                                        |               |                                                                                                                                                        |             |                                                            |                                   |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|-----------------------------------|-------------|--|
| No. <b>W 167707</b>                                                                                                                                    |               | <b>Due no later than Jun 30, 2017</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>FALL CREEK CAPITAL, LLC<br>CASEY WHEELER<br>2680 N HOLMES AVE<br>IDAHO FALLS ID 83401 |             | CASEY WHEELER<br>2680 N HOLMES AVE<br>IDAHO FALLS ID 83401 |                                   |             |  |
|                                                                                                                                                        |               |                                                                                                                                                        |             | 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                                                                                                                                                 | CASEY WHEELER | 2680 N HOLMES AVE                                                                                                                                      | IDAHO FALLS | ID                                                         | USA                               | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 167707</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Casey Wheeler<br>Name (type or print): Casey Wheeler                                                   |             |                                                            | Date: 05/04/2017<br>Title: Member |             |  |
| Processed 05/04/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                              |             |                                                            |                                   |             |  |