| No. <b>W 12529</b>  |      | an analysis and a second a second and a second a second and a second a second and a second and a second and a |                      | 2. Regist      | 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 |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  SARA SHEPARD, LAWYER PLLC SARA SHEPARD 1101 W RIVER STREET   |                      | 815 W<br>BOISE | CHRISTOPHER F HUNTLEY 815 W WASHINGTON BOISE ID 83702  3. New Registered Agent Signature:* |         |             |  |
| RECEIVED BY DUE DATE  |      |  |                      |                |  |         |             |  |
| 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 SARA SHEPA  |      | ARD  | 2312 PLEASANTON AVE  | BOISE          | ID   |         | 83702       |  |
| 5. Organized Under the Laws of:   |      | 6. Annual Report must be signed.*  |                      |                |  |         |             |  |
| ID  |      | Signature: Sara Shepard  |                      |                | Date: 05/22/2018   |         |             |  |
| W 12529   |      | Name (type or print): Sara Shepard   |                      |                | Title: Manager   |         |             |  |
| Processed 05/22/2018 * Electronically provided signatures are accepted as original signatures.        |      |  |                      |                |  |         |             |  |