| No. <b>W 130190</b>  |                  | Due no later than Oct 31, 2016  |                                    | 2. Registered Agent and Address (NO PO BOX) |   |       |         |             |
|--|------------------|---|------------------------------------|---|---|-------|---------|-------------|
| Return to:   |                  | Annual Report Form  |                                    | RYAN A KUBIK                                |   |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                  | 1. Mailing Address: Correct in this box if needed.  KUBIK BUILDING MAINTENANCE LLC RYAN A KUBIK  3534 E 16TH AVENUE POST FALLS ID 83854 |                                    | _   | 3534 E 16TH AVENUE POST FALLS ID 83854  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                  |   |                                    |   |   |       |         |             |
| 4. Limited Liability Comp  | anies: Enter Nar | mes and Addresses   | of at least one Member or Manager. |   |   |       |         |             |
| Office Held  | Name             |   | Street or PO Address               |   | City  | State | Country | Postal Code |
| MEMBER CAROL L. KUB  |                  | UBIK  | 3534 E. 16TH AVE.                  |   | POST FALLS  | ID    | USA     | 83854       |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |                                    |   |   |       |         |             |
| ID   |                  | Signature: Carol Kubik  |                                    |   | Date: 10/30/2016  |       |         |             |
| W 130190   |                  | Name (type or print): Carol Kubik   |                                    |   | Title: Member   |       |         |             |
| Processed 10/30/2016 * Electronically provided signatures are accepted as original signatures. |                  |   |                                    |   |   |       |         |             |