| No. W 186062 | | A ANDONOLOGICA AND ADDRESS AND | | 2. Registered | 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 RECEIVED BY DUE DATE | | EAGLE ID 83616 | | 921 S ORCI | REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705-8361 3. New Registered Agent Signature:* | | | |
| | | | | 3. <u>New</u> Registe | | | | |
| 4. Limited Liability Comp Office Held | | mes and Addresses of | at least one Member or Manager. | Cit. | Ctata | Country | Dootal Code | |
| Office Held Name MEMBER OWEN HAMP | | MOND | Street or PO Address 408 S EAGLE RD STE 205 | City EAGLE | State ID | Country USA | Postal Code 83616 | |
| 5. Organized Under the Laws of: DE W 186062 | | 6. Annual Report must be signed.* Signature: Owen Hammond Name (type or print): Owen Hammond | | | | 5/21/2018 Principal | | |
| Processed 05/21/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |