| No. W 9600 | Due no later than Aug 31, 2018 2. Registered Age | | | ldress (NO I | РО ВОХ) |
|--|---|------------------|--|--------------|-------------|
| Return to: | Annual Report Form | | R TODD BLASS | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | 163 4TH AVE N TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | INCOM DEVELOPMENT CO., L.L.C. R TODD BLASS 163 4TH AVE N | TWINTALLS | | | |
| | TWIN FALLS ID 83301 | 3. New Register | | | |
| NO FILING FEE IF 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 |
| MEMBER GERALD MA | | TWIN FALLS | ID | | 83301 |
| MEMBER TODD BLAS | SS INC PO BOX 486 | TWIN FALLS | ID | | 83303 |
| | 1 | | | | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | |
| ID | Signature: R Todd Blass | Date: 06/22/2018 | | | |
| W 9600 | Name (type or print): R Todd Blass Title: Member | | mber | | |
| Processed 06/22/2018 | * Electronically provided signatures are accepted as original signatures. | | | | |