

|                                                                                                                                                        |                  |                                                                                                                                                |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 93176</b>                                                                                                                                     |                  | <b>Due no later than May 31, 2016</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>UNCLE RENDER, LLC<br>RYAN D DONAHUE<br>1808 AMBER ST<br>BOISE ID 83706<br>USA |       | RYAN DONAHUE<br>1808 AMBER ST<br>BOISE ID 83706    |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                |       | 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 |  |
| MANAGER                                                                                                                                                | RYAN D DONAHUE   | 1808 AMBER ST                                                                                                                                  | BOISE | ID                                                 | USA     | 83706       |  |
| MEMBER                                                                                                                                                 | ALISHA S DONAHUE | 1808 AMBER ST                                                                                                                                  | BOISE | ID                                                 | USA     | 83706       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 93176</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Ryan Donahue<br>Name (type or print): Ryan Donahue                                             |       |                                                    |         |             |  |
|                                                                                                                                                        |                  | Date: 03/19/2016<br>Title: Manager                                                                                                             |       |                                                    |         |             |  |
| Processed 03/19/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                    |         |             |  |