

|                                                                                                                                                        |                |                                                                                                                                                 |             |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 56668</b>                                                                                                                                     |                | <b>Due no later than Nov 30, 2017</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>CHABEC IV, LLC<br>MICHAEL J WHYTE<br>2635 CHANNING WAY<br>IDAHO FALLS ID 83404 |             | MICHAEL J WHYTE<br>2635 CHANNING WAY<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                 |             | 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                                                                                                                                                | SHELLIE ROISUM | 7955 S BLACKHAWK DR                                                                                                                             | IDAHO FALLS | ID                                                           | USA     | 83406       |  |
| MANAGER                                                                                                                                                | TONY C ROISUM  | 7955 S BLACKHAWK DR                                                                                                                             | IDAHO FALLS | ID                                                           | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 56668</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Michael J. Whyte<br>Name (type or print): Michael J. Whyte                                      |             |                                                              |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                 |             | Date: 09/27/2017<br>Title: Registered Agent                  |         |             |  |
| Processed 09/27/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                       |             |                                                              |         |             |  |