| No. <b>W 146575</b>  | D   | Due no later than Jan 31, 2017  |                | 2. Registered Agent and Address (NO PO BOX)                          |         |             |  |
|--|---|---|----------------|--|---------|-------------|--|
| Return to:   | turn to: Annual Report Form                                   |   | GLEN P WHIPPLE |  |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing A  LAKE VIEW S GLEN PAUL V  2825 W ECHO POST FALLS | WHIPPLE<br>D DR   | POST FALLS     | 2825 W ECHO DR POST FALLS ID 83854  3. New Registered Agent Signatur |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |   |                |  |         |             |  |
| 4. Limited Liability Companies: Ente   | r Names and Address   | es of at least one Member or Manager.                                     |                |  |         |             |  |
| Office Held Name   |   | Street or PO Address  | City           | State  | Country | Postal Code |  |
| MEMBER GLEN PAUL WHIPPLE   |   | 2825 W ECHO DR  | POST FALLS     | ID   | USA     | 83854       |  |
| 6. Annual Report must be signed.*  |   |   |                |  |         |             |  |
| ID   | ID Signature: Glen P Whipple                                  |   |                | Date: 01/05/2017   |         |             |  |
| W 146575   | Name (type o  | Name (type or print): Glen P Whipple                                      |                | Title: Owner   |         |             |  |
| Processed 01/05/2017   | * Electronically p  | * Electronically provided signatures are accepted as original signatures. |                |  |         |             |  |