

|                                                                                                                                                        |              |                                                                                                                                                    |       |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 138472</b>                                                                                                                                    |              | Due no later than May 31, 2017                                                                                                                     |       | 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>PROJECT HUDSON LLC<br>DEREK HUDSON<br>353 E FAIRBROOK DR<br>BOISE ID 83706<br>USA |       | DEREK HUDSON<br>353 E FAIRBROOK DR<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 |  |
| MEMBER                                                                                                                                                 | DEREK HUDSON | 353 E FAIRBROOK DR                                                                                                                                 | BOISE | ID                                                   | USA     | 83706       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 138472</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Derek Hudson<br>Name (type or print): Derek Hudson<br>Date: 03/19/2017<br>Title: Owner             |       |                                                      |         |             |  |
| Processed 03/19/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                      |         |             |  |