

|                                                                                                                                                        |             |                                                                                                                                            |          |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 113178</b>                                                                                                                                    |             | Due no later than Apr 30, 2016                                                                                                             |          | 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>LOCALPRO APPRAISAL LLC<br>MIKE PARKER<br>PO BOX 1528<br>MERIDIAN ID 83680 |          | MIKE PARKER<br>13923 W BUNKERHILL CT<br>BOISE ID 83713 |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                            |          | 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                                                                                                                                                 | MIKE PARKER | PO BOX 1528                                                                                                                                | MERIDIAN | ID                                                     | USA     | 83680            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                          |          |                                                        |         |                  |  |
| <b>ID<br/>W 113178</b>                                                                                                                                 |             | Signature: Mike Parker                                                                                                                     |          |                                                        |         | Date: 02/28/2016 |  |
|                                                                                                                                                        |             | Name (type or print): Mike Parker                                                                                                          |          |                                                        |         | Title: Member    |  |
| Processed 02/28/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                  |          |                                                        |         |                  |  |