

|                                                                                                                                                        |             |                                                                                                                                                                           |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 34030</b>                                                                                                                                     |             | <b>Due no later than Oct 31, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>EIG COMMERCIAL, LLC<br>STEVE WEEKS<br>1041 LIBEY ROAD<br>VIOLA ID 83872 |       | STEVE WEEKS<br>1041 LIBEY ROAD<br>VIOLA ID 83872   |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                                           |       | 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                                                                                                                                                | STEVE WEEKS | 1041 LIBEY ROAD                                                                                                                                                           | VIOLA | ID                                                 | USA     | 83872       |  |
| MANAGER                                                                                                                                                | MARK WEEKS  | 1041 LIBEY ROAD                                                                                                                                                           | VIOLA | ID                                                 | USA     | 83872       |  |
| MANAGER                                                                                                                                                | AARON NEMEC | 1041 LIBEY ROAD                                                                                                                                                           | VIOLA | ID                                                 | USA     | 83872       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34030</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Steve Weeks<br>Name (type or print): Steve Weeks<br><br>Date: 08/20/2018<br>Title: Manager                                |       |                                                    |         |             |  |
| Processed 08/20/2018                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                 |       |                                                    |         |             |  |