

|                                                                                                                                                        |            |                                                                                                                                                    |             |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|---------|-------------|--|
| No. <b>J 1906</b>                                                                                                                                      |            | <b>Due no later than Sep 30, 2014</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>MCCALL CABIN LLP (THE)<br>JOY SNIDER<br>9401 RIVERSIDE DR<br>GARDEN CITY ID 83714 |             | MEL SNIDER<br>9401 RIVERSIDE DR<br>GARDEN CITY ID 83714 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                    |             | 3. <u>New</u> Registered Agent Signature:*              |         |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.                                                     |            |                                                                                                                                                    |             |                                                         |         |             |  |
| Office Held                                                                                                                                            | Name       | Street or PO Address                                                                                                                               | City        | State                                                   | Country | Postal Code |  |
| PARTNER                                                                                                                                                | JOY SNIDER | 9401 RIVERSIDE DR                                                                                                                                  | GARDEN CITY | ID                                                      | USA     | 83714       |  |
| PARTNER                                                                                                                                                | MEL SNIDER | 9401 RIVERSIDE DR                                                                                                                                  | GARDEN CITY | ID                                                      | USA     | 83714       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 1906</b>                                                                                            |            | 6. Annual Report must be signed.*<br>Signature: Joy Snider<br>Name (type or print): Joy Snider                                                     |             |                                                         |         |             |  |
|                                                                                                                                                        |            | Date: 09/09/2014<br>Title: Partner                                                                                                                 |             |                                                         |         |             |  |
| Processed 09/09/2014                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                          |             |                                                         |         |             |  |