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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 170870</b>                                                                                                                                    |                | <b>Due no later than Aug 31, 2018</b>                                                                                    |       | <b>2. Registered Agent and Address (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>8685 W STATE STREET, LLC<br>PO BOX 140658<br>BOISE ID 83714 |       | JAMIN MARTIN<br>9601 W STATE STREET<br>SUITE 112<br>BOISE ID 83714 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                          |       | 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                                                                                                                                                 | ALLISON MARTIN | PO BOX 140658                                                                                                            | BOISE | ID                                                                 | USA     | 83714       |  |
| MEMBER                                                                                                                                                 | JAMIN MARTIN   | PO BOX 140658                                                                                                            | BOISE | ID                                                                 | USA     | 83714       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 170870</b>                                                                                              |                | 6. Annual Report must be signed.*<br>Signature: JAMIN T MARTIN<br>Name (type or print): JAMIN T MARTIN                   |       |                                                                    |         |             |  |
|                                                                                                                                                        |                | Date: 06/18/2018<br>Title: Member                                                                                        |       |                                                                    |         |             |  |
| Processed 06/18/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                |       |                                                                    |         |             |  |