

|                                                                                                                                                        |                |                                                                                                                                              |          |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 117248</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>PWND, LLC<br>SCOTT WILHELMI<br>4418 N RHODES AVE<br>MERIDIAN ID 83646       |          | SCOTT WILHELMI<br>4418 N RHODES AVE<br>MERIDIAN ID 83646 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                              |          | 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                                                                                                                                                 | JULIE WILHELMI | 4418 N RHODES AVE                                                                                                                            | MERIDIAN | ID                                                       | USA     | 83646       |  |
| MANAGER                                                                                                                                                | SCOTT WILHELMI | 4418 N RHODES AVE                                                                                                                            | MERIDIAN | ID                                                       | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 117248</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Scott Wilhelmi<br>Name (type or print): Scott Wilhelmi<br>Date: 07/13/2014<br>Title: Manager |          |                                                          |         |             |  |
| Processed 07/13/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                    |          |                                                          |         |             |  |