| No. <b>W 53710</b>   |                 | Due no later than Aug 31, 2015         |  | 2. Registered Agent and Address (NO PO BOX) |  |       |         |             |
|--|-----------------|--|--|---|--|-------|---------|-------------|
| Return to:   |                 | Annual Report Form                     |  | SCOTT D LEMMON                              |  |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                 | U-ADVERTIS<br>SCOTT LEN<br>3600 JILL S |  | ded.  | 3600 JILL ST IDAHO FALLS ID 83401  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                 |  |  |   |  |       |         |             |
| 4. Limited Liability Com   | panies: Enter N | ames and Addres                        | sses of at least one Member or Manager | •   |  |       |         |             |
| Office Held  | Name            |  | Street or PO Address                   |   | City   | State | Country | Postal Code |
| MANAGER  | SCOTT LEMMON    |  | 3600 JILL                              |   | IDAHO FALLS  | ID    |         | 83401       |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*      |  |   |  |       |         |             |
| ID   |                 | Signature: Scott Lemmon                |  |   | Date: 06/24/2015   |       |         |             |
| W 53710  |                 | Name (type or print): Scott Lemmon     |  |   | Title: Manager   |       |         |             |
| Processed 06/24/2015 * Electronically provided signatures are accepted as original signatures. |                 |  |  |   |  |       |         |             |