| No. W 129302 | | Due no later than Sep 30, 2015 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|--|------------------------------------|---------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | BRADEN PO | BRADEN POOLE | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. PREMIER PROTECTION LLC BRADEN AARON POOLE PO BOX 152 MENAN ID 83434 | | MENAN ID | 642N 3565E MENAN ID 83434 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | BRADEN AAI | RON POOLE | 642N 3565E | MENAN | ID | USA | 83434 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Braden Poole | | | Date: 08/25/2015 | | | |
| W 129302 | | Name (type or print): Braden Poole | | | Title: Owner | | | |
| Processed 08/25/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |