

|                                                                                                                                                        |                    |                                                                                                                                                  |         |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 127538</b>                                                                                                                                    |                    | <b>Due no later than Jul 31, 2015</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>FRENCHMANS PLACE 108 VENTURES, LLC<br>PO BOX 3021<br>KETCHUM ID 83340               |         | CHARLES FRIEDMAN<br>423 RIVER RUN DRIVE<br>KETCHUM ID 83340 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                  |         | 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                                                                                                                                                 | CHARLES N FRIEDMAN | 423 RIVER RUN DRIVE PO BOX 3021                                                                                                                  | KETCHUM | ID                                                          | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 127538</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Charles Friedman<br>Name (type or print): Charles Friedman<br>Date: 05/20/2015<br>Title: Manager |         |                                                             |         |             |  |
| Processed 05/20/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                        |         |                                                             |         |             |  |