

|                                                                                                                                                        |                  |                                                                                                                                            |        |                                                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|---------------------|
| No. <b>W 25466</b>                                                                                                                                     |                  | <b>Due no later than Aug 31, 2017</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>ROCKET PROPERTIES, L.L.C.<br>ROCKY J WALSON<br>PO BOX 1694<br>HAYDEN ID 83835 |        | ROCKY J WALSON<br>11975 AMETHYST DR<br>HAYDEN ID 83835 |                     |
|                                                                                                                                                        |                  |                                                                                                                                            |        | 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                                                                                                                                                 | ROCKY J WALSON   | PO BOX 1694                                                                                                                                | HAYDEN | ID                                                     | 83835               |
| MEMBER                                                                                                                                                 | SHIRLEY J WALSON | PO BOX 1694                                                                                                                                | HAYDEN | ID                                                     | 83835               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 25466</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Rocky Walson<br>Name (type or print): Rocky Walson<br>Date: 06/26/2017<br>Title: member    |        |                                                        |                     |
| Processed 06/26/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                  |        |                                                        |                     |