| No. <b>W 139500</b>   |                 | Due no later than Jun 30, 2016  | 2. Registered Agent and Address (NO PO BOX)  PAUL SANT 137 CHOCTAW LN BLANCHARD ID 83804  3. New Registered Agent Signature:* |       |         |             |
|---|-----------------|---|---|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080           |                 | Annual Report Form  1. Mailing Address: Correct in this box if needed.  FATHERS GRACE, LLC PAUL SANT PO BOX 99 BLANCHARD ID 83804 |   |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |                 |   |   |       |         |             |
| 4. Limited Liability Compa  | nies: Enter Nar | mes and Addresses of at least one Member or Manager.  |   |       |         |             |
| Office Held   | Name            | Street or PO Address  | City  | State | Country | Postal Code |
| MEMBER  | PAUL SANT       | 137 CHOCTAW LN  | BLANCHARD   | ID    | USA     | 83804-7020  |
| 5. Organized Under the Laws of:   |                 | 6. Annual Report must be signed.*   |   |       |         |             |
| ID  |                 | Signature: paul sant  | Date: 07/18/2016  |       |         |             |
| W 139500  |                 | Name (type or print): paul sant   | Title: member   |       |         |             |
| rocessed 07/18/2016 * Electronically provided signatures are accepted as original signatures. |                 |   |   |       |         |             |