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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 182697</b>                                                                                                                                    |                  | <b>Due no later than May 31, 2018</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><br>OUR LADY'S PLACE, LLC<br>THOMAS A AMBROSI<br>P.O. BOX 9683<br>MOSCOW ID 83843-0179 |           | CUSACK LAW FIRM PLLC<br>320 E NEIDER AVE STE 206<br>COEUR D ALENE ID 83814 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                     |           | 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                                                                                                                                                 | NANCY A AMBROSI  | 308 LOIS LANE                                                                                                                                       | SAN PEDRO | CA                                                                         | USA     | 90732            |  |
| MANAGER                                                                                                                                                | THOMAS A AMBROSI | P.O. BOX 9683                                                                                                                                       | MOSCOW    | ID                                                                         | USA     | 83843-0179       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                   |           |                                                                            |         |                  |  |
| <b>ID<br/>W 182697</b>                                                                                                                                 |                  | Signature: Thomas A Ambrosi                                                                                                                         |           |                                                                            |         | Date: 05/26/2018 |  |
|                                                                                                                                                        |                  | Name (type or print): Thomas A Ambrosi                                                                                                              |           |                                                                            |         | Title: Manager   |  |
| Processed 05/26/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                           |           |                                                                            |         |                  |  |