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| No. W 32443 | | Due no later than Aug 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. JONES & BEARD, LLC JASON K BEARD 284 MARTIN ST TWIN FALLS ID 83301 | | ERIC JONES 284 MARTIN ST TWIN FALLS ID 83301 | |
| | | | | 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 | ERIC JONES | 401 GOODING ST NORTH | TWIN FALLS | ID | 83301 |
| MEMBER | JASON BEARD | 401 GOODING ST NORTH | TWIN FALLS | ID | 83301 |
| 5. Organized Under the Laws of: ID W 32443 | | 6. Annual Report must be signed.* Signature: Eric F. Jones, Ph.D. Date: 06/29/2016 Name (type or print): Eric F. Jones, Ph.D. Title: President | | | |
| Processed 06/29/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |