| No. <b>W 129505</b>   | Due no later than Sep 30, 2018  |                                    | 2. Registered   | 2. Registered Agent and Address (NO PO BOX)   |           |             |  |
|---|---|------------------------------------|---|---|-----------|-------------|--|
| Return to:  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  EAGLE GATE SYSTEMS LLC JOYCE ROBINSON 598 ADDISON AVE W TWIN FALLS ID 83301 |                                    | TO A STATE OF THE | WAPATI CONTROLS LLC 598 ADDISON AVE W TWIN FALLS ID 83301-8330  3. New Registered Agent Signature:* |           |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |   |                                    | TWIN FALLS  |   |           |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                | TWIN FALLS ID   | 0 03301                            | J. <u>New</u> Registi   | ered Agent 31   | griature. |             |  |
| 4. Limited Liability Companies: Enter Na                                | mes and Addresses   | of at least one Member or Manager. |   |   |           |             |  |
| Office Held Name  |   | Street or PO Address               | City  | State   | Country   | Postal Code |  |
| MEMBER TERRY D ROBINSON 41  |   | 4116 N MEADOW RIDGE CIR            | TWIN  | ID  | USA       | 83301       |  |
| 5. Organized Under the Laws of:   | Organized Under the Laws of:  6. Annual Report must be signed.*   |                                    |   |   |           |             |  |
| ID  | Signature: Terrell D Robinson   |                                    |   | Date: 08/20/2018  |           |             |  |
| W 129505  | Name (type or print): Terrell D Robinson  |                                    |   | Title: Member   |           |             |  |
| Processed 08/20/2018  | * Electronically provided signatures are accepted as original signatures.   |                                    |   |   |           |             |  |