| No. W 187289 | | Due no later than Aug 31, 2018 | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|---|---|---|---------|-------------|--|
| 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. | 5238 N CO | DAVID M CAHN 5238 N COLLISTER DR. | | | |
| | | STIMULUS ADVISORS, LLC DAVID M CAHN 5238 N COLLISTER DR. BOISE ID 83703 | BOISE ID 83703 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Com | panies: Enter Na | mes and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER DAVID CAHN | | N 5238 N COLLISTER DR. | BOISE | ID | USA | 83703 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: DAVID CAHN | Date: 06/20/2018 | | | | |
| W 187289 | | Name (type or print): DAVID CAHN | Title: Owner | | | | |
| Processed 06/20/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |