| No. W 127670 | | Due no later than Jul 31, 2015 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|-----------------------------------|--------------------------------------|------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | KIERAN M | KIERAN MCLAIMTAIG | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | PRIEST RI | 936 CEMETERY RD PRIEST RIVER ID 83856 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER KIERAN MCL | | AIMTAIG | PO BOX 2332 | PRIEST RIV | ER ID | USA | 83856 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Kie | | Date: 07/09/2015 | | | | |
| W 127670 | | Name (type or | | Title: owner | | | | |
| Processed 07/09/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |