

|  |                 |  |          |  |                     |
|--|-----------------|--|----------|--|---------------------|
| No. <b>W 37571</b>   |                 | <b>Due no later than Mar 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>FLORY & ASSOCIATES, LLC<br>BILL FLORY<br>1965 WINCHESTER RD<br>CULDESAC ID 83524 |          | WILLIAM G FLORY<br>1965 WINCHESTER RD<br>CULDESAC ID 83524 |                     |
|  |                 |  |          | 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   | WILLIAM G FLORY | 1965 WINCHESTER RD   | CULDESAC | ID   | 83524               |
| MEMBER   | NATHAN L FLORY  | 1965 WINCHESTER RD   | CULDESAC | ID   | 83524               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 37571</b>   |                 | 6. Annual Report must be signed.*<br>Signature: William G. Flory<br>Name (type or print): William G. Flory<br><br>Date: 01/24/2018<br>Title: Owner                                 |          |  |                     |
| Processed 01/24/2018   |                 | * Electronically provided signatures are accepted as original signatures.  |          |  |                     |