

| | | | | | | | |
|--|--------------|--|-------|---|---------|-------------|--|
| No. W 89492 | | Due no later than Jan 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. SAPHIRA, LLC JOAN M MCCLUNE 5484 TOPPENISH PL BOISE ID 83709 USA | | JOAN M MCCLUNE 5484 TOPPENISH PL BOISE ID 83709 | | | |
| | | | | 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 | JOAN MCCLUNE | 5484 TOPPENISH PL | BOISE | ID | USA | 83709 | |
| 5. Organized Under the Laws of: ID W 89492 | | 6. Annual Report must be signed.* Signature: Joan McClune Name (type or print): Joan McClune Date: 11/23/2015 Title: Member | | | | | |
| Processed 11/23/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |