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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------|---------------------|
| No. <b>W 11723</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 2015</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>U.S. CONCEPTS INTERNATIONAL, A LIMITED LIABILITY COMPANY<br>KAREN A FREJLACH<br>2900 N. GOVERNMENT WAY<br>STE PMB 148<br>COEUR D'ALENE ID 83815 |               | KEN A FREJLACH<br>5863 MAGELLAN CT<br>COEUR D'ALENE 83815 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                                                                               |               | 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 |
| MANAGER                                                                                                                                                | KEN A FREJLACH | 5863 MAGELLAN CT                                                                                                                                                                                                                              | COEUR D'ALENE | ID                                                        | 83815               |
| 5. Organized Under the Laws of:<br><br><b>WY</b><br><b>W 11723</b>                                                                                     |                | 6. Annual Report must be signed.*<br>Signature: Ken A. Frejlach<br>Name (type or print): Ken A. Frejlach<br>Date: 02/06/2015<br>Title: Manager                                                                                                |               |                                                           |                     |
| Processed 02/06/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                                                                     |               |                                                           |                     |