

|  |                   |  |             |  |         |             |  |
|--|-------------------|--|-------------|--|---------|-------------|--|
| No. <b>W 42079</b>   |                   | <b>Due no later than Aug 31, 2018</b><br><b>Annual Report Form</b>   |             | 2. Registered Agent and Address ( <b>NO PO BOX</b> )       |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>XFIVE, LLC<br>KATHY G. HENINGER<br>3375 MERLIN DR<br>IDAHO FALLS ID 83404 |             | DAVID M HENINGER<br>3375 MERLIN DR<br>IDAHO FALLS ID 83404 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                   |  |             | 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  | DAVID M HENINGER  | 7733 S 8TH W   | IDAHO FALLS | ID   | 83402   |             |  |
| MEMBER   | KATHY G. HENINGER | 3375 MERLIN DRIVE  | IDAHO FALLS | ID   | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 42079</b>                                 |                   | 6. Annual Report must be signed.*<br><br>Signature: Kathy Heninger<br>Name (type or print): Kathy Heninger                                 |             |  |         |             |  |
|  |                   | Date: 08/15/2018<br>Title: Member  |             |  |         |             |  |
| Processed 08/15/2018   |                   | * Electronically provided signatures are accepted as original signatures.  |             |  |         |             |  |