| No. <b>W 180320</b> Return to:   |                    | Due no later than Mar 31, 2018  Annual Report Form  |                  | 2. Registered Agent and Address (NO PO BOX)  CHRIS STRAWN 415 15TH AVE S NAMPA ID 83651-8365  3. New Registered Agent Signature:* |         |             |  |
|--|--------------------|---|------------------|---|---------|-------------|--|
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                    | 1. Mailing Address: Correct in this box if needed.  AL'S FLOOR COVERING, LLC CHRIS STRAWN 415 15TH AVE S NAMPA ID 83651 | NAMPA ID         |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                    |   |                  |   |         |             |  |
| 4. Limited Liability Con   | npanies: Enter Nai | mes and Addresses of at least one Member or Manager.  |                  |   |         |             |  |
| Office Held  | Name               | Street or PO Address  | City             | State   | Country | Postal Code |  |
| MEMBER   | CHRIS STRA         | AWN 415 15TH AVE S  | NAMPA            | ID  | USA     | 83651       |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*   |                  |   |         |             |  |
| ID   |                    | Signature: Chris Strawn   | Date: 01/22/2018 |   |         |             |  |
| W 180320   |                    | Name (type or print): Chris Strawn  |                  | Title: Member   |         |             |  |
| Processed 01/22/2018 * Electronically provided signatures are accepted as original signatures. |                    |   |                  |   |         |             |  |