

|  |             |   |       |  |         |                  |  |
|--|-------------|---|-------|--|---------|------------------|--|
| No. <b>W 81519</b>   |             | <b>Due no later than Feb 28, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br><br>ASSET PROTECTION AND RECOVERY OF IDAHO LLC<br>RYAN MARTIN<br>P.O. BOX 2654<br>EAGLE ID 83616 |       | RYAN MARTIN<br>980 E CAROL ST<br>MERIDIAN ID 83646 |         |                  |  |
|  |             |   |       | 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   | RYAN MARTIN | P.O. BOX 2654   | EAGLE | ID   | USA     | 83616            |  |
| 5. Organized Under the Laws of:  |             | 6. Annual Report must be signed.*   |       |  |         |                  |  |
| <b>ID<br/>W 81519</b>  |             | Signature: Ryan Martin  |       |  |         | Date: 12/22/2016 |  |
|  |             | Name (type or print): Ryan Martin   |       |  |         | Title: Manager   |  |
| Processed 12/22/2016   |             | * Electronically provided signatures are accepted as original signatures.   |       |  |         |                  |  |