

| | | | | | | | |
|--|----------------|---|---------|--|---------|------------------|--|
| No. W 183750 | | Due no later than Jun 30, 2018 | | 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. DANIEL T COLEMAN CPA PLLC DANIEL T COLEMAN 11501 HWY 95 PAYETTE ID 83661 | | WILLIAM L PUNKONEY 5700 E FRANKLIN RD STE 200 NAMPA ID 83687 | | | |
| | | | | 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 | DANIEL COLEMAN | 11501 HIGHWAY 95 | PAYETTE | ID | USA | 83661 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 183750 | | Signature: Daniel Coleman | | | | Date: 04/23/2018 | |
| | | Name (type or print): Daniel Coleman | | | | Title: President | |
| Processed 04/23/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |