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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 7801</b>                                                                                                                                      |                  | <b>Due no later than Jan 31, 2018</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>KINGSTON, EDWARDS & JONES, L.L.C.<br>KARI L ROCKABRAND<br>7554 185TH AVE NE STE 150<br>REDMOND WA 98052 |             | DAVID O KINGSTRON<br>477 SHOUP AVE<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                          |             | 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 O KINGSTON | 477 SHOUP AVE                                                                                                                                                            | IDAHO FALLS | ID                                                         |         | 83402       |  |
| MANAGER                                                                                                                                                | CRAIG R EDWARDS  | PO BOX 519                                                                                                                                                               | MEDINA      | WA                                                         | USA     | 98039       |  |
| MANAGER                                                                                                                                                | CLIFFORD L JONES | 7554 185TH AVE NE STE 150                                                                                                                                                | REDMOND     | WA                                                         | USA     | 98052       |  |
| 5. Organized Under the Laws of:<br><br><b>NV<br/>W 7801</b>                                                                                            |                  | 6. Annual Report must be signed.*<br>Signature: Kari Rockabrand<br>Name (type or print): Kari Rockabrand                                                                 |             |                                                            |         |             |  |
|                                                                                                                                                        |                  | Date: 12/12/2017<br>Title: Mgr Admin Services                                                                                                                            |             |                                                            |         |             |  |
| Processed 12/12/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                |             |                                                            |         |             |  |