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|--|------------------|---|----------|--|---------|-------------|--|
| No. W 121029 | | Due no later than Jan 31, 2016 | | 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 | | 1. Mailing Address: Correct in this box if needed. GIBBS & COMPANY CPAS PLLC JONATHAN G GIBBS 1500 S WASHINGTON AVE STE C EMMETT ID 83617 USA | | JONATHAN GIBBS 9502 SCORPIO BOISE ID 83709 | | | |
| | | | | 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 | JONATHAN P GIBBS | 1500 S WASHINGTON AVE STE C | EMMETT | ID | USA | 83617 | |
| MANAGER | LORIN GIBBS | 3820 SEA ISLAND COURT | MERIDIAN | ID | USA | 83642 | |
| MANAGER | JONATHAN G GIBBS | 9502 SCORPIO | BOISE | ID | USA | 83709 | |
| 5. Organized Under the Laws of: ID W 121029 | | 6. Annual Report must be signed.* Signature: JONATHAN G GIBBS Name (type or print): JONATHAN G GIBBS Date: 11/25/2015 Title: MANAGER | | | | | |
| Processed 11/25/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |