

|  |                  |   |            |   |         |                  |  |
|--|------------------|---|------------|---|---------|------------------|--|
| No. <b>W 15402</b>   |                  | <b>Due no later than May 31, 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>ACTION CYCLES 'N SLEDS, LLC<br>ROBERT GLODOWSKI<br>2540 ADDISON AVE E<br>TWIN FALLS ID 83301 |            | ROBERT GLODOWSKI<br>2540 ADDISON AVE E<br>TWIN FALLS ID 83301 |         |                  |  |
|  |                  |   |            | 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   | ROBERT GLODOWSKI | 2540 ADDISON AVE E  | TWIN FALLS | ID  | USA     | 83301            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |            |   |         |                  |  |
| <b>ID<br/>W 15402</b>  |                  | Signature: ROBERT GLODOWSKI   |            |   |         | Date: 05/23/2017 |  |
|  |                  | Name (type or print): ROBERT GLODOWSKI  |            |   |         | Title: MEMBER    |  |
| Processed 05/23/2017   |                  | * Electronically provided signatures are accepted as original signatures.   |            |   |         |                  |  |