| No. <b>W 10625</b><br>Return to:   |          | Due no later than Dec 31, 2017 Annual Report Form   |                               | 2. Registered Agent and Address (NO PO BOX)  DR ROBERT S WEST  3621 W FAIRWAY DR  COEUR D'ALENE ID 83815-8019  3. New Registered Agent Signature:* |         |             |
|--|----------|---|-------------------------------|--|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                        |          | 1. Mailing Address: Correct in this box if needed.  ROBERT AND MARTHA WEST, L.L.C.  ROBERT AND MART WEST,L.L.C.  3621 W FAIRWAY DR  COEUR D'ALENE ID 83815-8049 | 3621 W FAIRW<br>COEUR D'ALENI |  |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |          | USA   |                               |  |         |             |
| 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  | ROBERT S | WEST 3598 W FAIRWAY DR  | COEUR D'ALENE                 | ID   |         | 83815-8019  |
| 5. Organized Under the Laws of:  |          | 6. Annual Report must be signed.*   |                               |  |         |             |
| ID<br>W 10625  |          | Signature: ROBERT S. WEST Date: 12/26/2017  |                               |  |         |             |
|  |          | Name (type or print): ROBERT S. WEST  | Title: MANAGER                |  |         |             |
| Processed 12/26/2017 * Electronically provided signatures are accepted as original signatures. |          |   |                               |  |         |             |