

|                                                                                                                                                        |                         |                                                                                                                                                                               |        |                                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 131630</b>                                                                                                                                    |                         | <b>Due no later than Nov 30, 2014</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TED BK, PLLC<br>TECLA E DRUFFEL<br>111 MAIN ST STE 101<br>LEWISTON ID 83501 |        | TECLA ELIZABETH DRUFFEL<br>111 MAIN ST STE 101<br>LEWISTON ID 83501 |         |                  |  |
|                                                                                                                                                        |                         |                                                                                                                                                                               |        | 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                                                                                                                                                | TECLA ELIZABETH DRUFFEL | 809 GREGOR STREET                                                                                                                                                             | COLTON | WA                                                                  | USA     | 99113            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                         | 6. Annual Report must be signed.*                                                                                                                                             |        |                                                                     |         |                  |  |
| <b>ID<br/>W 131630</b>                                                                                                                                 |                         | Signature: TECLA ELIZABETH DRUFFEL                                                                                                                                            |        |                                                                     |         | Date: 09/27/2014 |  |
|                                                                                                                                                        |                         | Name (type or print): TECLA ELIZABETH DRUFFEL                                                                                                                                 |        |                                                                     |         | Title: MANAGER   |  |
| Processed 09/27/2014                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                                                     |        |                                                                     |         |                  |  |