

|                                                                                                                                                        |                      |                                                                                                                                                         |       |                                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 32532</b>                                                                                                                                     |                      | <b>Due no later than Aug 31, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>NALA LLC<br>CAROLYN D LEVINGSTON<br>6066 E. GRAND PRAIRIE DR.<br>BOISE ID 83716<br>USA |       | CAROLYN D LEVINGSTON<br>6066 E. GRAND PRAIRIE DR.<br>BOISE ID 83716 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                         |       | 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                                                                                                                                                 | CAROLYN D LEVINGSTON | 6066 E GRAND PRAIRIE DR                                                                                                                                 | BOISE | ID                                                                  | USA     | 83716       |  |
| MEMBER                                                                                                                                                 | GUY J LEVINGSTON     | 6066 E GRAND PRAIRIE DR                                                                                                                                 | BOISE | ID                                                                  | USA     | 83716       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 32532</b>                                                                                           |                      | 6. Annual Report must be signed.*<br>Signature: Carolyn Levingston<br>Name (type or print): Carolyn Levingston                                          |       |                                                                     |         |             |  |
|                                                                                                                                                        |                      | Date: 06/17/2014<br>Title: Member                                                                                                                       |       |                                                                     |         |             |  |
| Processed 06/17/2014                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                               |       |                                                                     |         |             |  |