| No. <b>W 134527</b>                                                                          |      | Due no later than Feb 28, 2018                                            |                        | 2. Registered Agent and Address (NO PO BOX) |                           |       |         |             |
|----------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------|------------------------|---------------------------------------------|---------------------------|-------|---------|-------------|
| Return to:                                                                                   |      | Annual Report Form                                                        |                        | BRENDA BAILEY                               |                           |       |         |             |
| SECRETARY OF STATE                                                                           |      | 1. Mailing Address: Correct in this box if needed.                        |                        |                                             | 495 E 5TH ST N<br>SUITE 6 |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                   |      | BAILEY'S PHONES & REPAIR, LLC<br>BRENDA BAILEY<br>495 E 5TH ST N          |                        |                                             | BURLEY ID 83318-3407      |       |         |             |
|                                                                                              |      | SUITE 6                                                                   |                        | 3. <u>New</u> Registered Agent Signature:*  |                           |       |         |             |
| NO FILING FEE IF                                                                             |      | BURLEY ID 83318-3407                                                      |                        |                                             |                           |       |         |             |
| RECEIVED BY DUE DATE                                                                         |      |                                                                           |                        |                                             |                           |       |         |             |
| 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 BRENDA BAI                                                                           |      | AILEY                                                                     | 495 E 5TH ST N SUITE 6 |                                             | BURLEY                    | ID    | USA     | 83318-3407  |
|                                                                                              |      |                                                                           |                        |                                             |                           |       |         |             |
| 5. Organized Under the Laws of:                                                              |      | 6. Annual Report must be signed.*                                         |                        |                                             |                           |       |         |             |
| ID                                                                                           |      | Signature: Brenda Bailey                                                  |                        | Date: 02/09/2018                            |                           |       |         |             |
| W 134527                                                                                     |      | Name (type or print): Brenda Bailey                                       |                        |                                             | Title: Owner/Manager      |       |         |             |
| Processed 02/09/2018                                                                         |      | * Electronically provided signatures are accepted as original signatures. |                        |                                             |                           |       |         |             |