| No. <b>W 20870</b>  |               | Due no later than Sep 30, 2015  | 2. Registered Agent and Address (NO PO BOX)                                   |       |         |             |
|---|---------------|---|---|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080           |               | Annual Report Form  1. Mailing Address: Correct in this box if needed.  TETON OMS, PLLC  BRYAN D LEE  360 E MAIN ST  REXBURG ID 83440 | BRYAN LEE 360 E MAIN ST REXBURG ID 83440  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |               |   |   |       |         |             |
| 4. Limited Liability Companie   | es: Enter Nam | nes and Addresses of at least one Member or Manager.  |   |       |         |             |
| Office Held   | Name          | Street or PO Address  | City  | State | Country | Postal Code |
| MANAGER I   | BRYAN D LEI   | E 360 E MAIN ST   | REXBURG   | ID    |         | 83440-2015  |
| 5. Organized Under the Laws of:   |               | 6. Annual Report must be signed.*   |   |       |         |             |
| ID<br>W 20870   |               | Signature: Bryan D. Lee   | Date: 07/21/2015  |       |         |             |
|   |               | Name (type or print): Bryan D. Lee  | Title: Manager  |       |         |             |
| rocessed 07/21/2015 * Electronically provided signatures are accepted as original signatures. |               |   |   |       |         |             |