| No. <b>W 112308</b>   |  | Due no later than Mar 31, 2017  |      | 2. Registered Agent and Address (NO PO BOX)   |               |             |  |  |
|---|--|---|------|---|---------------|-------------|--|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing A EMPYREAL NIC KRISTOPHER 1775 W STAT | Annual Report Form  1. Mailing Address: Correct in this box if needed.  EMPYREAL NIGHT, LLC  KRISTOPHER G BAKER  1775 W STATE ST #189  BOISE ID 83702 |      | KRISTOPHER BAKER 12451 W ABLE DR STAR ID 83669  3. New Registered Agent Signature:* |               |             |  |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |  |   |      |   |               |             |  |  |
| 4. Limited Liability Companies: En  | iter Names and Addresse                          | es of at least one Member or Manager.   |      |   |               |             |  |  |
| Office Held Name  |  | Street or PO Address  | City | State   | Country       | Postal Code |  |  |
| MEMBER KRIST  | OPHER G BAKER                                    | 12451 W ABLE DR   | STAR | ID  | USA           | 83669       |  |  |
| 5. Organized Under the Laws of:   | 6. Annual Report                                 | 6. Annual Report must be signed.*   |      |   |               |             |  |  |
| ID  | Signature: Kri                                   | Signature: Kristopher Baker   |      | Date: 03/20/2017  |               |             |  |  |
| W 112308  | Name (type o                                     | Name (type or print): Kristopher Baker  |      |   | Title: Member |             |  |  |
| Processed 03/20/2017  | * Electronically p                               | * Electronically provided signatures are accepted as original signatures.   |      |   |               |             |  |  |