

|                                                                                                                                                        |                 |                                                                                        |      |                                                                 |                           |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------|------|-----------------------------------------------------------------|---------------------------|-------------|--|
| No. <b>W 87982</b>                                                                                                                                     |                 | <b>Due no later than Oct 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>Annual Report Form</b>                                                              |      | JAMIE ANDERSON-COLLINS<br>120 EAST ROOSEVELT AVE<br>NAMPA 83686 |                           |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b>                              |      | 3. <u>New</u> Registered Agent Signature:*                      |                           |             |  |
|                                                                                                                                                        |                 | COLLINS & ASSOCIATES L.L.C.<br>JAMIE L ANDERSON-COLLINS<br>PO BOX 552<br>STAR ID 83669 |      |                                                                 |                           |             |  |
| 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                                                                                                                                                | SHAWN D COLLINS | PO BOX 552                                                                             | STAR | ID                                                              | USA                       | 83669       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                      |      |                                                                 |                           |             |  |
| <b>ID<br/>W 87982</b>                                                                                                                                  |                 | Signature: Jamie L. Anderson-Collins                                                   |      |                                                                 | Date: 10/20/2014          |             |  |
|                                                                                                                                                        |                 | Name (type or print): Jamie L. Anderson-Collins                                        |      |                                                                 | Title: Executive Director |             |  |
| Processed 10/20/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.              |      |                                                                 |                           |             |  |