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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------|---------------------|
| No. <b>W 102418</b>                                                                                                                                    |              | Due no later than Apr 30, 2016                                                                                                                                                      |           | 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>STERLING & ASSOCIATES LLC<br>JOEL D PHILLIPS<br>PO BOX 2986<br>POCATELLO ID 83206 |           | CENTERPOINT CAPITAL ADVISORS LLC<br>275 S 5TH AVE<br>POCATELLO ID 83201 |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                     |           | 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                                                                                                                                                 | JOEL PHILLIP | PO BOX 2986                                                                                                                                                                         | POCATELLO | ID                                                                      | USA 83206           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 102418</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: JOEL PHILLIPS<br>Name (type or print): JOEL PHILLIPS<br>Date: 02/26/2016<br>Title: MEMBER                                           |           |                                                                         |                     |
| Processed 02/26/2016                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                           |           |                                                                         |                     |