| No. W 116041 | | | Due no later than Jul 31, 2014 2. Registered Agent and Address (NO PO BOX) | | | | | |
|--|-----------------|---|---|----------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | MIKE MCC | MIKE MCCABE | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | RIVER BIRG | LE RD PMB 336 | EAGLE ID | 3078 SHADOWVIEW EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | oanies: Enter N | ames and Addre | esses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | MIKE W M | CCABE | 372 S EAGLE RD PMB 336 | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: | Mike McCabe | | Date: 08/16/2014 | | | |
| W 116041 | | Name (typ | e or print): Mike McCabe | | Title: Member | | | |
| Processed 08/16/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |