

|                                                                                                                                                        |                |                                                                                                                                  |         |                                                    |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------------------|--|
| No. <b>W 150414</b>                                                                                                                                    |                | Due no later than Apr 30, 2017                                                                                                   |         | 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>1. Mailing Address: Correct in this box if needed.</b><br>WEST CHICAGO LLC<br>JAMES P SPECK<br>PO BOX 987<br>KETCHUM ID 83340 |         | JAMES P SPECK<br>120 E AVE N<br>KETCHUM ID 83340   |         |                         |  |
|                                                                                                                                                        |                |                                                                                                                                  |         | 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                                                                                                                                                 | JAMES P. SPECK | P.O. BOX 987                                                                                                                     | KETCHUM | ID                                                 | USA     | 83340                   |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 150414</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: James P. Speck<br>Name (type or print): James P. Speck                           |         |                                                    |         |                         |  |
|                                                                                                                                                        |                |                                                                                                                                  |         | Date: 03/02/2017                                   |         | Title: Registered Agent |  |
| Processed 03/02/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                        |         |                                                    |         |                         |  |