

|  |               |  |       |  |         |                  |  |
|--|---------------|--|-------|--|---------|------------------|--|
| No. <b>W 123412</b>  |               | <b>Due no later than Mar 31, 2015</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>1. Mailing Address: Correct in this box if needed.</b><br><br>KELSEY, LLC<br>LAURIE A NATE<br>169 EAST CENTER BOX 281<br>PARIS ID 83261 |       | LAURIE A KELSEY<br>169 EAST CENTER, BOX 281<br>PARIS 83261 |         |                  |  |
|  |               |  |       | 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      |  |
| MANAGER  | LAURIE A NATE | 169 EAST CENTER BOX 281  | PARIS | ID   | USA     | 83261            |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |       |  |         |                  |  |
| <b>ID<br/>W 123412</b>   |               | Signature: Laurie A Nate   |       |  |         | Date: 03/21/2015 |  |
|  |               | Name (type or print): Laurie A Nate  |       |  |         | Title: manager   |  |
| Processed 03/21/2015   |               | * Electronically provided signatures are accepted as original signatures.  |       |  |         |                  |  |