

|                                                                                                                                                        |              |                                                                                                                                          |         |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 123062</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>SHIFT PROPERTIES, LLC<br>SCOTT PALMER<br>PO BOX 65<br>PRESTON ID 83263  |         | SCOTT PALMER<br>47 N STATE ST<br>PRESTON 83263     |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                          |         | 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                                                                                                                                                | SCOTT PALMER | 47 N STATE ST                                                                                                                            | PRESTON | ID                                                 | USA     | 83263       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 123062</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: SCOTT PALMER<br>Name (type or print): SCOTT PALMER<br>Date: 02/26/2015<br>Title: MANAGER |         |                                                    |         |             |  |
| Processed 02/26/2015                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                |         |                                                    |         |             |  |