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|--|-------------------|---|------|--|---------|-------------|--|
| No. W 67411 | | Due no later than Oct 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PABALI, LLC VALARIE E PABALIS 11972 W GAMEKEEPER DR KUNA ID 83634 USA | | VALARIE PABALIS 11972 W GAMEKEEPER DR KUNA ID 83634-8363 | | | |
| | | | | 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 | VALARIE E PABALIS | 11972 W GAMEKEEPER DR | KUNA | ID | USA | 83634 | |
| 5. Organized Under the Laws of: ID W 67411 | | 6. Annual Report must be signed.* Signature: Valarie E Pabalís Name (type or print): Valarie E Pabalís Date: 09/05/2018 Title: Manager | | | | | |
| Processed 09/05/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |