

|                                                                                                                                                        |                    |                                                                                                                                                                 |       |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 105670</b>                                                                                                                                    |                    | <b>Due no later than Aug 31, 2017</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>ROBERTSON 417 SPOTSWOOD STREET, LLC<br>BRIAN K ROBERTSON<br>1060 OLD AVON RD<br>DEARY ID 83823 |       | BRIAN K ROBERTSON<br>1060 OLD AVON RD<br>DEARY ID 83823 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                                 |       | 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                                                                                                                                                 | PAMELA M ROBERTSON | 1060 OLD AVON RD                                                                                                                                                | DEARY | ID                                                      | USA     | 83823            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                               |       |                                                         |         |                  |  |
| <b>ID<br/>W 105670</b>                                                                                                                                 |                    | Signature: Pamela M. Robertson                                                                                                                                  |       |                                                         |         | Date: 06/26/2017 |  |
|                                                                                                                                                        |                    | Name (type or print): Pamela M. Robertson                                                                                                                       |       |                                                         |         | Title: Member    |  |
| Processed 06/26/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                       |       |                                                         |         |                  |  |