

|  |              |   |            |   |                     |
|--|--------------|---|------------|---|---------------------|
| No. <b>W 8707</b>  |              | Due no later than May 31, 2018  |            | 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>POINDEXTER'S, LLC<br>SUSAN BUHLER WARE & ASSOC<br>149 3RD AVE E<br>TWIN FALLS ID 83303-0124 |            | WARE & ASSOC<br>149 3RD AVE E<br>TWIN FALLS ID 83303-0124 |                     |
|  |              |   |            | 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  | SUSAN BUHLER | 253 7TH AVE N   | TWIN FALLS | ID  | USA 83301           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 8707</b>  |              | 6. Annual Report must be signed.*<br>Signature: Susan Buhler<br>Name (type or print): Susan Buhler<br>Date: 03/19/2018<br>Title: Manager  |            |   |                     |
| Processed 03/19/2018   |              | * Electronically provided signatures are accepted as original signatures.   |            |   |                     |