

|                                                                                                                                                        |                   |                                                                                                                                                                             |            |                                                           |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>W 173943</b>                                                                                                                                    |                   | <b>Due no later than Nov 30, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ZIP STOP LLC<br>SUKHDEEP S KHEHRA<br>750 N SKYE CT<br>POST FALLS ID 83854 |            | SUKHDEEP S KHEHRA<br>750 N SKYE CT<br>POST FALLS ID 83854 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                                             |            | 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                                                                                                                                                 | SUKHDEEP S KHEHRA | 750 N SKYE CT                                                                                                                                                               | POST FALLS | ID                                                        | USA     | 83854            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                                           |            |                                                           |         |                  |  |
| <b>ID<br/>W 173943</b>                                                                                                                                 |                   | Signature: Sukhdeep Khehra                                                                                                                                                  |            |                                                           |         | Date: 10/07/2017 |  |
|                                                                                                                                                        |                   | Name (type or print): Sukhdeep Khehra                                                                                                                                       |            |                                                           |         | Title: Owner     |  |
| Processed 10/07/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                   |            |                                                           |         |                  |  |