

|  |  |   |  |       |         |             |
|--|--|---|--|-------|---------|-------------|
| No. <b>W 42247</b>   | <b>Due no later than Aug 31, 2016</b><br><b>Annual Report Form</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>                            |   | SKYLAR PRICE<br>1113 S RAILROAD AVE<br>SUGAR CITY ID 83448 |       |         |             |
|  | OPERATOR 6 EXECUTIVE SECURITY, LLC<br>SKYLAR PRICE<br>PO BOX 373<br>REXBURG ID 83440 |   | 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  | SKYLAR PRICE   | PO BOX 373  | REXBURG  | ID    |         | 83440       |
| MANAGER  | TAMARA PRICE   | PO BOX 373  | REXBURG  | ID    |         | 83440       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 42247</b>   | 6. Annual Report must be signed.*  |   |  |       |         |             |
|  |  | Signature: Brenda Bohman  | Date: 08/08/2016   |       |         |             |
|  |  | Name (type or print): Brenda Bohman                                       | Title: Office Manager                                      |       |         |             |
| Processed 08/08/2016   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |