

|                                                                                                                                                        |              |                                                                                                                                             |            |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 138537</b>                                                                                                                                    |              | <b>Due no later than Jun 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>1. Mailing Address: Correct in this box if needed.</b><br>GREYSTONE GALLERY L.L.C.<br>JANILYN VOSS<br>149 W 3RD N<br>ST ANTHONY ID 83445 |            | JANILYN VOSS<br>149 W 3RD N<br>ST ANTHONY ID 83445 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                             |            | 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                                                                                                                                                | JANILYN VOSS | 149 W 3RD N                                                                                                                                 | ST ANTHONY | ID                                                 | USA     | 83445       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 138537</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Janilyn Voss<br>Name (type or print): Janilyn Voss<br>Date: 07/24/2017<br>Title: manager    |            |                                                    |         |             |  |
| Processed 07/24/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                   |            |                                                    |         |             |  |