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|----------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|-------------|----------------|----------------------|
| No. <b>W 161757</b>                                                                                |                            | <b>Due no later than Feb 28, 2018</b><br><b>Annual Report Form</b>                                                                                                        |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )     |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                            | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SITGRAVES, LLC<br>SITGRAVES, LLC<br>19508 S HIGHWAY 3<br>CATALDO ID 83810                                |  | DAMON SITGRAVES<br>19508 S HIGHWAY 3<br>CATALDO ID 83810 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                   |                            |                                                                                                                                                                           |  | 3. <u>New</u> Registered Agent Signature:*               |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                            |                                                                                                                                                                           |  |                                                          |             |                |                      |
| Office Held<br>MANAGER                                                                             | Name<br>AMBRA JO SITGRAVES | Street or PO Address<br>17 LELAND POINT DR                                                                                                                                |  | City<br>PORTSMOUTH                                       | State<br>RI | Country<br>USA | Postal Code<br>02871 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 161757</b>                                |                            | 6. Annual Report must be signed.*<br><br>Signature: Damon A.D. Sitgraves<br>Name (type or print): Damon A.D. Sitgraves<br><br>Date: 04/22/2018<br>Title: Registered Agent |  |                                                          |             |                |                      |
| Processed 04/22/2018 * Electronically provided signatures are accepted as original signatures.     |                            |                                                                                                                                                                           |  |                                                          |             |                |                      |