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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 143824</b>                                                                                                                                    |                   | <b>Due no later than Oct 31, 2015</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><br>OLD SKOOL, LLC<br>HERBERT J SHOCKEY<br>3179 OLD WHITE BIRD HILL RD<br>GRANGEVILLE ID 83530-5161<br>USA |             | HERBERT J SHOCKEY<br>3179 OLD WHITE BIRD HILL RD<br>GRANGEVILLE ID 83530-5161 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                                         |             | 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                                                                                                                                                | HERBERT J SHOCKEY | 3179 OLD WHITE BIRD HILL RD                                                                                                                                             | GRANGEVILLE | ID                                                                            | USA     | 83530-5161       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                                       |             |                                                                               |         |                  |  |
| <b>ID<br/>W 143824</b>                                                                                                                                 |                   | Signature: H. J. Shockey                                                                                                                                                |             |                                                                               |         | Date: 08/25/2015 |  |
|                                                                                                                                                        |                   | Name (type or print): H. J. Shockey                                                                                                                                     |             |                                                                               |         | Title: Manager   |  |
| Processed 08/25/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                               |             |                                                                               |         |                  |  |