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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 123463</b>                                                                                                                                    |                   | <b>Due no later than Mar 31, 2018</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>BRONCO ACA, LLC<br>TRAVIS G THOMPSON<br>439 E SHORE DR STE 100<br>EAGLE ID 83616 |       | ALETHIA CAPITAL ADVISORS LLC<br>439 E SHORE DR STE 100<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                    |       | 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                                                                                                                                                | TRAVIS G THOMPSON | 439 E SHORE DR SUITE 100                                                                                                                                                           | EAGLE | ID                                                                       | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                                                  |       |                                                                          |         |                  |  |
| <b>ID<br/>W 123463</b>                                                                                                                                 |                   | Signature: Travis Thompson                                                                                                                                                         |       |                                                                          |         | Date: 04/18/2018 |  |
|                                                                                                                                                        |                   | Name (type or print): Travis Thompson                                                                                                                                              |       |                                                                          |         | Title: Manager   |  |
| Processed 04/18/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                          |       |                                                                          |         |                  |  |