

|  |                 |   |       |   |         |                  |  |
|--|-----------------|---|-------|---|---------|------------------|--|
| No. <b>W 132160</b>  |                 | <b>Due no later than Dec 31, 2016</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>OCW, LLC<br>ORSON J WOODHOUSE<br>1037 E WINDING CREEK DR<br>EAGLE ID 83616 |       | ORSON J WOODHOUSE<br>1037 E WINDING CREEK DR<br>EAGLE ID 83616-8361 |         |                  |  |
|  |                 |   |       | 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  | ORSON WOODHOUSE | 1037 E WINDING CREEK DR   | EAGLE | ID  | USA     | 83616            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |       |   |         |                  |  |
| <b>ID<br/>W 132160</b>   |                 | Signature: Orson Woodhouse  |       |   |         | Date: 11/30/2016 |  |
|  |                 | Name (type or print): Orson Woodhouse   |       |   |         | Title: Manager   |  |
| Processed 11/30/2016   |                 | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                  |  |