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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|---------|------------------|--|
| No. <b>W 75181</b>                                                                                                                                     |                    | <b>Due no later than Jun 30, 2014</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>LISA ROTH WHITMIRE, LLC<br>LISA ROTH WHITMIRE<br>539 S 800 E<br>JEROME ID 83338<br>USA |        | LISA ROTH WHITMIRE<br>539 S 800 E<br>JEROME ID 83338 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                     |        | 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      |  |
| MEMBER                                                                                                                                                 | LISA ROTH WHITMIRE | 539 S 800 E                                                                                                                                         | JEROME | ID                                                   | USA     | 83338            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                   |        |                                                      |         |                  |  |
| <b>ID<br/>W 75181</b>                                                                                                                                  |                    | Signature: Heather Hilarides                                                                                                                        |        |                                                      |         | Date: 07/15/2014 |  |
|                                                                                                                                                        |                    | Name (type or print): Heather Hilarides                                                                                                             |        |                                                      |         | Title: Secretary |  |
| Processed 07/15/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                           |        |                                                      |         |                  |  |