

|                                                                                                                                                        |              |                                                                                                                                         |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 3236</b>                                                                                                                                      |              | <b>Due no later than Dec 31, 2017</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>C-M L.L.C.<br>BARRY MARCUS<br>737 N 7TH ST<br>BOISE ID 83702           |       | BARRY MARCUS<br>737 N 7TH ST<br>BOISE ID 83702     |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                         |       | 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                                                                                                                                                 | CRAIG MARCUS | 737 N 7TH ST                                                                                                                            | BOISE | ID                                                 | USA     | 83702       |  |
| MEMBER                                                                                                                                                 | BARRY MARCUS | 737 N 7TH ST                                                                                                                            | BOISE | ID                                                 | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 3236</b>                                                                                            |              | 6. Annual Report must be signed.*<br>Signature: Barry Marcus<br>Name (type or print): Barry Marcus<br>Date: 10/30/2017<br>Title: Member |       |                                                    |         |             |  |
| Processed 10/30/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                               |       |                                                    |         |             |  |