

|  |                  |   |       |  |         |                  |  |
|--|------------------|---|-------|--|---------|------------------|--|
| No. <b>W 169053</b>  |                  | <b>Due no later than Jul 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>EL EDEN FRAMING & SIDING LLC<br>ALVARO VELAZQUEZ<br>816 N MIDLAND BLVD #20<br>NAMPA ID 83651 |       | ALVARO VELAZQUEZ<br>816 N MIDLAND BLVD #20<br>NAMPA ID 83651 |         |                  |  |
|  |                  |   |       | 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   | ALVARO VELAZQUEZ | 816 N MIDLAND BLVD #20  | NAMPA | ID   | USA     | 83651            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |       |  |         |                  |  |
| <b>ID<br/>W 169053</b>   |                  | Signature: Alvaro Velazquez   |       |  |         | Date: 06/05/2017 |  |
|  |                  | Name (type or print): Alvaro Velazquez  |       |  |         | Title: Owner     |  |
| Processed 06/05/2017   |                  | * Electronically provided signatures are accepted as original signatures.   |       |  |         |                  |  |