

|  |                     |  |            |   |         |             |  |
|--|---------------------|--|------------|---|---------|-------------|--|
| No. <b>W 80131</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>RUSSO CME LLC<br>MELISSA A NEIGHBORS<br>9207 STONECREST RD<br>MOSES LAKE WA 98837   |            | CAROLYN RUSSO<br>30636 THIESSEN RD<br>LEWISTON ID 83501 |         |             |  |
|  |                     |  |            | 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  | MELISSA A NEIGHBORS | 9207 STONECREST RD   | MOSES LAKE | WA  | USA     | 98837       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 80131</b>   |                     | 6. Annual Report must be signed.*<br>Signature: Melissa Neighbors<br>Name (type or print): Melissa Neighbors<br>Date: 12/09/2016<br>Title: Owner |            |   |         |             |  |
| Processed 12/09/2016   |                     | * Electronically provided signatures are accepted as original signatures.  |            |   |         |             |  |