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|---|---|---|--|-------|---------|-------------|
| No. <b>W 30340</b>  | <b>Due no later than Apr 30, 2017</b><br><b>Annual Report Form</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>   |   | CHRISTINE L WALBUCK<br>847 E. FAIRVIEW AVE STE. 2<br>MERIDIAN ID 83646 |       |         |             |
|   | CLIENT-FOCUSED FIDUCIARY SERVICES, LLC<br>CHRISTY L. WALBUCK<br>847 E. FAIRVIEW AVE STE. 2<br>MERIDIAN ID 83646 |   | 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  | CHRISTINE L WALBUCK   | PO BOX 190871   | BOISE  | ID    |         | 83719       |
| MANAGER   | CHRISTINE L WALBUCK   | 847 E. FAIRVIEW AVE STE. 2  | MERIDIAN   | ID    | USA     | 83646       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>         W 30340</b>   | 6. Annual Report must be signed.*<br>Signature: Christine Walbuck<br>Name (type or print): Christine Walbuck    |   | Date: 02/22/2017<br>Title: Owner                                       |       |         |             |
| Processed 02/22/2017  |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |