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|--|---|---|---|-------|---------|-------------|
| No. <b>W 150910</b>  | <b>Due no later than Apr 30, 2018</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><br>FLYING S MANAGEMENT, LLC<br>SHELLEY STREIT<br>10165 S 2000 W<br>VICTOR ID 83455<br>USA |   | SHELLEY STREIT<br>10165 S 2000 W<br>VICTOR ID 83455 |       |         |             |
|  |   |   | 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   | JASON STREIT  | 10165 S. 2000 W.  | VICTOR  | ID    | USA     | 83455       |
| MANAGER  | SHELLEY STREIT  | 10165 S. 2000 W.  | VICTOR  | ID    | USA     | 83455       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 150910</b>  | 6. Annual Report must be signed.*<br>Signature: Shelley Streit<br>Name (type or print): Shelley Streit  |   | Date: 02/28/2018<br>Title: Manager                  |       |         |             |
| Processed 02/28/2018   |   | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |