

|                                                                                                                                                        |              |                                                                                                                                      |       |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 141394</b>                                                                                                                                    |              | <b>Due no later than Aug 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>PORTFOLIO LLC (THE)<br>104 E FAIRVIEW AVE #206<br>MERIDIAN ID 83642 |       | DAVE LAKHANI<br>4923 N. GREYLOCH WAY<br>BOISE ID 83704 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                      |       | 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                                                                                                                                                 | DAVE LAKHANI | 4923 N. GREYLOCH WAY                                                                                                                 | BOISE | ID                                                     | USA     | 83704            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                    |       |                                                        |         |                  |  |
| <b>ID<br/>W 141394</b>                                                                                                                                 |              | Signature: Dave Lakhani                                                                                                              |       |                                                        |         | Date: 08/21/2017 |  |
|                                                                                                                                                        |              | Name (type or print): Dave Lakhani                                                                                                   |       |                                                        |         | Title: President |  |
| Processed 08/21/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                            |       |                                                        |         |                  |  |