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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|---------------------|
| No. <b>W 9326</b>                                                                                                                                      |                            | <b>Due no later than Jul 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>NOB HILL INVESTMENTS, L.L.C.<br>SAGE FINANCIAL CORPORATION<br>P O BOX 8880<br>KETCHUM ID 83340 |         | STEVEN GIACOBBI<br>540 2ND AVENUE N<br>KETCHUM ID 83340 |                     |
|                                                                                                                                                        |                            |                                                                                                                                                                                                  |         | 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                                                                                                                                                | SAGE FINANCIAL CORPORATION | P O BOX 8880                                                                                                                                                                                     | KETCHUM | ID                                                      | 83340               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 9326</b>                                                                                            |                            | 6. Annual Report must be signed.*<br>Signature: Sage Financial Corporation<br>Name (type or print): Sage Financial Corporation<br>Date: 05/27/2015<br>Title: Manager                             |         |                                                         |                     |
| Processed 05/27/2015                                                                                                                                   |                            | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |         |                                                         |                     |