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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------|---------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 130380</b>                                                                                                                                    |                 | <b>Due no later than Oct 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>Annual Report Form</b>                                                 |         | CYDNIE LEISHMAN<br>4455 JUD ST<br>REXBURG ID 83440 |                  |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b>                 |         | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |                 | TEXAS YOLO, LLC<br>CYDNIE LEISHMAN<br>4455 JUD ST<br>REXBURG ID 83440     |         |                                                    |                  |             |  |
| 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                                                                                                                                                 | KARIE CICHOS    | 4455 JUD STREET                                                           | REXBURG | ID                                                 | USA              | 83440       |  |
| MEMBER                                                                                                                                                 | CYDNIE LEISHMAN | 4455 JUD STREET                                                           | REXBURG | ID                                                 | USA              | 83440       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                         |         |                                                    |                  |             |  |
| <b>ID<br/>W 130380</b>                                                                                                                                 |                 | Signature: cydnie leishman                                                |         |                                                    | Date: 08/29/2017 |             |  |
|                                                                                                                                                        |                 | Name (type or print): cydnie leishman                                     |         |                                                    | Title: member    |             |  |
| Processed 08/29/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures. |         |                                                    |                  |             |  |