| No. W 99842 | | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|----------------------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address: Correct in this box if needed. NAGLE SHARPLES, LLC C/O WITHERSPOON KELLEY 608 NORTHWEST BLVD STE 300 COEUR D ALENE ID 83814 | | 608 NW BLVD COEUR D ALE | ELEVEN FOURTEEN INC 608 NW BLVD STE 300 COEUR D ALENE ID 83814 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 BRAD SHARPLES-FAUCHER MEMBER LEE NAGLE | | NORTH 3015 SAND TRAP WAY 1845 TEANAWAY DRIVE | POST FALLS POST FALLS | ID ID | USA USA | 83854 83854 | |
| 5. Organized Under the Laws of: 6. Annual Report must I | | be signed.* | | | | | |
| ID Signature: D | | M. Davis Date: 01/17/2018 | | | | | |
| W 99842 | Name (type or print) | Title: Attorne | Title: Attorney/Registered Agent | | | | |
| Processed 01/17/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | | |