| No. <b>W 136214</b>                                                                            |                 | Due no later than Apr 30, 2015                                                                                                             |                                       | 2. Registered A | 2. Registered Agent and Address (NO PO BOX)                            |         |             |  |
|------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|------------------------------------------------------------------------|---------|-------------|--|
| Return to:                                                                                     |                 | Annual Report Form                                                                                                                         |                                       | ANGELA L C      | ANGELA L CIRELLI                                                       |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                 | 1. Mailing Address: Correct in this box if needed.  383 W WILLOWBROOK, MERIDIAN, LLC ANGELA L CIRELLI 2965 MODEL FARM RD MERIDIAN ID 83642 |                                       | MERIDIAN        | 2965 MODEL FARM RD MERIDIAN 83642  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                       |                 |                                                                                                                                            |                                       |                 |                                                                        |         |             |  |
| 4. Limited Liability Compa                                                                     | nies: Enter Nai | mes and Address                                                                                                                            | es of at least one Member or Manager. |                 |                                                                        |         |             |  |
| Office Held                                                                                    | Name            |                                                                                                                                            | Street or PO Address                  | City            | State                                                                  | Country | Postal Code |  |
| MANAGER ANGELA L CI                                                                            |                 | CIRELLI                                                                                                                                    | 2965 MODEL FARM RD                    | MERIDIAN        | ID                                                                     | USA     | 83642       |  |
| 5. Organized Under the Laws of:                                                                |                 | 6. Annual Report must be signed.*                                                                                                          |                                       |                 |                                                                        |         |             |  |
| ID                                                                                             |                 | Signature: Angela L Cirelli                                                                                                                |                                       |                 | Date: 02/18/2015                                                       |         |             |  |
| W 136214                                                                                       |                 | Name (type o                                                                                                                               |                                       | Title: Manager  |                                                                        |         |             |  |
| Processed 02/18/2015 * Electronically provided signatures are accepted as original signatures. |                 |                                                                                                                                            |                                       |                 |                                                                        |         |             |  |