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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 168736</b>                                                                                                                                    |            | <b>Due no later than Jun 30, 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>PARADISE RIDGE HOLDINGS, LLC<br>ALINE GALE<br>112 W. 4TH ST.<br>4<br>MOSCOW ID 83843 |        | JACOB REISENAUER<br>326 E 6TH ST<br>MOSCOW ID 83843 |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                                       |        | 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                                                                                                                                                | ALINE GALE | 112 W. 4TH ST. SUITE 4                                                                                                                                | MOSCOW | ID                                                  | USA     | 83843            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                                     |        |                                                     |         |                  |  |
| <b>ID<br/>W 168736</b>                                                                                                                                 |            | Signature: Aline Gale                                                                                                                                 |        |                                                     |         | Date: 08/07/2017 |  |
|                                                                                                                                                        |            | Name (type or print): Aline Gale                                                                                                                      |        |                                                     |         | Title: Manager   |  |
| Processed 08/07/2017                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                             |        |                                                     |         |                  |  |