| No. <b>W 28078</b>   | Due no later than Jan 31, 2016   |                      | 2. Registered         | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|--|----------------------|-----------------------|---|---------|-------------|--|
| Return to: Ann   |  | nnual Report Form    |                       | BUSINESS FILINGS INCORPORATED               |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON   | 1. Mailing Address: Correct in this box if needed.  KATHLEEN ARMSTRONG, CPA, PLLC  KATHLEEN Q ARMSTRONG  PO BOX 2258 |                      |                       | 921 S ORCHARD ST STE G<br>BOISE ID 83705    |         |             |  |
| PO BOX 83720<br>BOISE, ID 83720-0080   |  |                      |                       |   |         |             |  |
|  | CORSICANA TX 75151   |                      | 3. <u>New</u> Registe | 3. New Registered Agent Signature:*         |         |             |  |
| NO FILING FEE IF<br>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 KATHLEEN C  | Q ARMSTRONG  | 9646 NW CR 1310      | BARRY                 | TX  | USA     | 75102       |  |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*  |                      |                       |   |         |             |  |
| ID   | Signature: Kathl   |                      | Date: 01/28/2016      |   |         |             |  |
| W 28078  | Name (type or p  |                      | Title: Owner          |   |         |             |  |
| Processed 01/28/2016   | * Electronically provided signatures are accepted as original signatures.  |                      |                       |   |         |             |  |