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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 104245</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>COBI KAT ENTERPRISES, LLC<br>FREDERICK B JACOBI<br>360 S ADKINS WAY<br>SUITE A<br>MERIDIAN ID 83642 |          | FREDERICK B JACOBI<br>12451 W BRADDOCK DR<br>BOISE ID 83709 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                  |          | 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                                                                                                                                                | FREDERICK B JACOBI | 360 S ADKINS WAY SUITE A                                                                                                                                         | MERIDIAN | ID                                                          | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 104245</b>                                                                                              |                    | 6. Annual Report must be signed.*<br>Signature: Frederick B Jacobi<br>Name (type or print): Frederick B Jacobi                                                   |          |                                                             |         |             |  |
| Date: 09/16/2017<br>Title: Owner                                                                                                                       |                    |                                                                                                                                                                  |          |                                                             |         |             |  |
| Processed 09/16/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                        |          |                                                             |         |             |  |