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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|---------------------|
| No. <b>W 84289</b>                                                                                                                                     |                 | <b>Due no later than May 31, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>GRACE ENTERPRISES, LLC.<br>AIMEE DELAVAN<br>PO BOX 2634<br>POST FALLS ID 83877 |            | AIMEE DELAVAN<br>885 ROLLING THUNDER RIDGE<br>SANDPOINT ID 83864 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                  |            | 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                                                                                                                                                | AIMEE B DELAVAN | PO BOX 2634                                                                                                                                                                      | POST FALLS | ID                                                               | USA 83877           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84289</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Aimee Delavan Date: 04/03/2018<br>Name (type or print): Aimee Delavan Title: Managing member                                     |            |                                                                  |                     |
| Processed 04/03/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                        |            |                                                                  |                     |