

|                                                                                                                                                        |              |                                                                                                                                                 |       |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 104644</b>                                                                                                                                    |              | <b>Due no later than Jun 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>ATARAXIS CA, LLC<br>STEPHEN CILLEY<br>600 N CURTIS SUITE 101<br>BOISE ID 83706 |       | STEPHEN CILLEY<br>600 N CURTIS SUITE 101<br>BOISE ID 83706 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                 |       | 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      |  |
| MEMBER                                                                                                                                                 | ATARAXIS INC | 600 N CURTIS RD, SUITE 101                                                                                                                      | BOISE | ID                                                         | USA     | 83706            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                               |       |                                                            |         |                  |  |
| <b>ID<br/>W 104644</b>                                                                                                                                 |              | Signature: Stephen Cilley                                                                                                                       |       |                                                            |         | Date: 04/26/2018 |  |
|                                                                                                                                                        |              | Name (type or print): Stephen Cilley                                                                                                            |       |                                                            |         | Title: Manager   |  |
| Processed 04/26/2018                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                       |       |                                                            |         |                  |  |