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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 129603</b>                                                                                                                                    |                    | <b>Due no later than Sep 30, 2014</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>WOODSHOP PRODUCTS LLC<br>JOHN MANCHAK<br>4262 W RIVERBEND AVE<br>POST FALLS ID 83854 |            | JOHN MANCHAK<br>4262 W RIVERBEND AVE<br>POST FALLS 83854 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                       |            | 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                                                                                                                                                 | JOHN BYRON MANCHAK | 4262 W RIVERBEND AVE                                                                                                                                  | POST FALLS | ID                                                       | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>WA<br/>W 129603</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: John Manchak<br>Name (type or print): John Manchak                                                    |            |                                                          |         |             |  |
|                                                                                                                                                        |                    | Date: 11/06/2014<br>Title: Member                                                                                                                     |            |                                                          |         |             |  |
| Processed 11/06/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                             |            |                                                          |         |             |  |