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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------|---------------------|
| No. <b>W 146634</b>                                                                                                                                    |                | <b>Due no later than Jan 31, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PAINT CDA, LLC<br>JACLYN M CASEY<br>935 E FRONT AVE<br>COEUR D'ALENE ID 83814 |               | JACLYN CASEY<br>935 E FRONT AVE<br>COEUR D'ALENE ID 83814-8381 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                 |               | 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                                                                                                                                                | JACLYN M CASEY | 935 E FRONT AVE                                                                                                                                                                 | COEUR D ALENE | ID                                                             | USA 83814           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 146634</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Jaclyn M Casey Date: 01/02/2017<br>Name (type or print): Jaclyn M Casey Title: Managing Member                                  |               |                                                                |                     |
| Processed 01/02/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                       |               |                                                                |                     |