

|                                                                                                                                                        |                |                                                                                                                                                    |             |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 181371</b>                                                                                                                                    |                | <b>Due no later than Apr 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>TITANS TOOLBOX, LLC<br>CORY BUSCHER<br>5833 W STERLING LN<br>GARDEN CITY ID 83703 |             | CORY BUSCHER<br>5833 W STERLING LN<br>GARDEN CITY ID 83703 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                    |             | 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                                                                                                                                                 | CORY A BUSCHER | 5833 W STERLING LN                                                                                                                                 | GARDEN CITY | ID                                                         | USA     | 83703       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 181371</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: cory buscher<br>Name (type or print): cory buscher<br>Date: 02/28/2018<br>Title: member/manager    |             |                                                            |         |             |  |
| Processed 02/28/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                          |             |                                                            |         |             |  |