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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 127172</b>                                                                                                                                    |                        | <b>Due no later than Jul 31, 2016</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>REDOUBT DEVELOPMENT & DESIGN, LLC<br>CHRISTOPHER OLSON<br>PO BOX 4057<br>MCCALL ID 83638 |        | CHRISTOPHER OLSON<br>1423 VERONICA LANE<br>MCCALL ID 83638 |         |             |  |
|                                                                                                                                                        |                        |                                                                                                                                                                                            |        | 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                                                                                                                                                | CHRISTOPHER JOHN OLSON | 1423 VERONICA LANE P.O. BOX 4057                                                                                                                                                           | MCCALL | ID                                                         | USA     | 83638       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 127172</b>                                                                                          |                        | 6. Annual Report must be signed.*<br>Signature: Christopher Olson<br>Name (type or print): Christopher Olson<br>Date: 07/27/2016<br>Title: Manager                                         |        |                                                            |         |             |  |
| Processed 07/27/2016                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |        |                                                            |         |             |  |