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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 129676</b>                                                                                                                                    |                | <b>Due no later than Sep 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>PREMIER QUALITY PROPERTY, LLC<br>MICHAEL P BURT<br>PO BOX 2464<br>POCATELLO ID 83206 |           | MICHAEL BURT<br>1749 BETH STREET<br>POCATELLO ID 83201 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                       |           | 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                                                                                                                                                | MICHAEL P BURT | 1749 BETH STREET                                                                                                                                      | POCATELLO | ID                                                     | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 129676</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: MICHAEL P BURT<br>Name (type or print): MICHAEL P BURT                                                |           |                                                        |         |             |  |
| Date: 08/04/2018<br>Title: MANAGER                                                                                                                     |                |                                                                                                                                                       |           |                                                        |         |             |  |
| Processed 08/04/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                             |           |                                                        |         |             |  |