| No. <b>W 60687</b>   |   | Due no later than Mar 31, 2018               |                            | 2. Registered Agent and Address (NO PO BOX)   |         |                |  |
|--|---|--|----------------------------|---|---------|----------------|--|
| Return to:<br>SECRETARY OF STATE                                   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  ASSIST TO SUCCEED IDAHO FALLS, LLC BRETT D JACOBSON 885 PANCHERI DRIVE IDAHO FALLS ID 83402 |  | 2760 HONEYS                | BRETT DEAN JACOBSON 2760 HONEYSUCKLE RD IDAHO FALLS ID 83402  3. New Registered Agent Signature:* |         |                |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080         |   |  | - IDAHO FALLS              |   |         |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                           |   |  |                            |   |         |                |  |
| 4. Limited Liability Companies: Enter N                            | lames and Addresses of  | at least one Member or Manager.              |                            |   |         |                |  |
| Office Held Name   |   | Street or PO Address                         | City                       | State   | Country | Postal Code    |  |
|  | AN JACOBSON DDS<br>RL DRAKE DMD   | 2760 HONEYSUCKLE RD<br>1763 PEGGYS LN        | IDAHO FALLS<br>IDAHO FALLS | ID<br>ID  |         | 83402<br>83402 |  |
| 5. Organized Under the Laws of:  6. Annual Report must be signed.* |   |  |                            |   |         |                |  |
| ID   | Signature: BRETT  | Signature: BRETT D JACOBSON Date: 01/24/2018 |                            |   | }       |                |  |
| W 60687  | Name (type or pri   |  | Title: Managerr            |   |         |                |  |
| Processed 01/24/2018   | * Electronically provided signatures are accepted as original signatures.   |  |                            |   |         |                |  |