

|  |                 |  |        |  |         |                  |  |
|--|-----------------|--|--------|--|---------|------------------|--|
| No. <b>W 168601</b>  |                 | <b>Due no later than Jun 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>JOULE, LLC<br>WILLIAM D OLSON<br>514 N 1ST AVE<br>HAILEY ID 83333-8448<br>USA |        | WILLIAM OLSON<br>514 N 1ST AVE<br>HAILEY ID 83333-8448 |         |                  |  |
|  |                 |  |        | 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   | WILLIAM D OLSON | 514 N 1ST AVE  | HAILEY | ID   | USA     | 83333-8448       |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |        |  |         |                  |  |
| <b>ID<br/>W 168601</b>   |                 | Signature: William D. Olson  |        |  |         | Date: 05/01/2018 |  |
|  |                 | Name (type or print): William D. Olson   |        |  |         | Title: Member    |  |
| Processed 05/01/2018   |                 | * Electronically provided signatures are accepted as original signatures.  |        |  |         |                  |  |