| No. <b>W 112031</b>                                                                            |          | Due no later than Mar 31, 2016                                                                                                                |                                         | 2 | 2. Registered Agent and Address (NO PO BOX)                                                   |                  |         |             |  |
|------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---|-----------------------------------------------------------------------------------------------|------------------|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |          | Annual Report Form  1. Mailing Address: Correct in this box if needed.  TYLER TROUDT, LLC  TYLER L TROUDT  PO BOX 1554  PRIEST RIVER ID 83856 |                                         |   | TYLER L TROUDT 119 MAIN ST STE 201 PRIEST RIVER ID 83856  3. New Registered Agent Signature:* |                  |         |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE                                                          |          |                                                                                                                                               | of the start Marshau Marshau            |   |                                                                                               |                  |         |             |  |
| 700                                                                                            |          | lames and Addres                                                                                                                              | sses of at least one Member or Manager. |   | C'L                                                                                           | Chata            | C       | Deated Code |  |
| Office Held                                                                                    | Name     |                                                                                                                                               | Street or PO Address                    |   | City                                                                                          | State            | Country | Postal Code |  |
| MANAGER                                                                                        | TYLER TR | OUDT                                                                                                                                          | P.O. BOX 1554                           |   | PRIEST RIVER                                                                                  | ID               | USA     | 83856       |  |
| 5. Organized Under the Laws of:                                                                |          | 6. Annual Report must be signed.*                                                                                                             |                                         |   |                                                                                               |                  |         |             |  |
| ID                                                                                             |          | Signature:                                                                                                                                    | Signature: TYLER TROUDT                 |   |                                                                                               | Date: 01/26/2016 |         |             |  |
| W 112031                                                                                       |          | Name (type                                                                                                                                    | Name (type or print): TYLER TROUDT      |   |                                                                                               | Title: OWNER     |         |             |  |
| Processed 01/26/2016 * Electronically provided signatures are accepted as original signatures. |          |                                                                                                                                               |                                         |   |                                                                                               |                  |         |             |  |