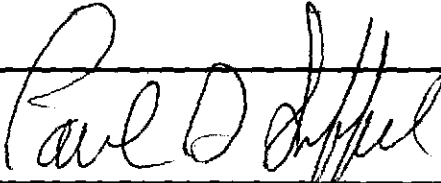


No. W 124898	Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) PAUL SIFFORD 31560 CAVE BAY ROAD WORLEY ID 83876																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PAULORMARK, LLC PAUL SIFFORD 31560 CAVE BAY ROAD WORLEY ID 83876		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Paul Sifford</td> <td>31560 CAVE BAY RD</td> <td>WORLEY</td> <td>ID</td> <td></td> <td>83876</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARK Kidder</td> <td>1728 St Loney Rd.</td> <td></td> <td></td> <td></td> <td>Pleumer Id 83851</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Paul Sifford	31560 CAVE BAY RD	WORLEY	ID		83876	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MARK Kidder	1728 St Loney Rd.				Pleumer Id 83851	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 124898	6. Signature:  <hr/> Name (type or print): Paul D. Sifford		Date: 5-6-2016 <hr/> Title: Manager/President																																			
Issued 05/04/2016 by TLB			121971																																			