| No. <b>W 31637</b>  | Due no later than Jul 31, 2014  | 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.  EXIT LLC  TRACY L CLARK  208 FRUITLAND AVENUE | TRACY L CLARK 208 FRUITLAND AVE BUHL ID 83316 |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  | BUHL ID 83316   | 3. <u>New</u> Registered Agent Signature:*    |       |         |             |
| 4. Limited Liability Companies: Enter Na  | mes and Addresses of at least one Member or Manager.  |   |       |         |             |
| Office Held Name  | Street or PO Address  | City  | State | Country | Postal Code |
| MANAGER TRACY L C   | CLARK 740 GREEN TREE WAY  | TWIN FALLS                                    | ID    | USA     | 83301       |
| 5. Organized Under the Laws of:   | 6. Annual Report must be signed.*   | k   |       |         |             |
| ID  | Signature: Tracy L Clark  | Date: 05/12/2014                              |       |         |             |
| W 31637   | Name (type or print): Tracy L Clark   | Title: Manager                                |       |         |             |
| Processed 05/12/2014  | * Electronically provided signatures are accepted as original signatures.   |   |       |         |             |