| No. W 171758 | | Due no later than Sep 30, 2018 | | 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. MITSY, LLC BLAKE S ATKIN 7579 N WESTSIDE HWY CLIFTON ID 83228 | | | BLAKE S ATKIN 7579 N WESTSIDE HWY CLIFTON ID 83228 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 52.7577.25 | | | | | | |
| 4. Limited Liability Compa | anies: Enter Nai | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER LAREE WESTOVER MANAGER BLAKE S. ATKIN | | | 500 NORTH MAIN 500 NORTH MAIN | | CLIFTON CLIFTON | ID ID | USA USA | 83228 83228 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 171758 | | Signature: Blake S. Atkin | | | Date: 08/01/2018 | | | |
| | | Name (type or print): Blake S. Atkin | | | Title: Manager | | | |
| Processed 08/01/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |