

|                                                                                                                                                        |                |                                                                                                                                          |        |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 96587</b>                                                                                                                                     |                | <b>Due no later than Sep 30, 2015</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>AW2, LLC<br>SUSAN R WILSON<br>2780 N MOUNTAINVIEW RD<br>MOSCOW ID 83843 |        | SUSAN R WILSON<br>2780 N MOUNTAINVIEW RD<br>MOSCOW ID 83843 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                          |        | 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                                                                                                                                                 | SEAN M WILSON  | 2780 N. MOUNTAINVIEW RD                                                                                                                  | MOSCOW | ID                                                          | USA     | 83843       |  |
| MEMBER                                                                                                                                                 | SUSAN R WILSON | 2780 N. MOUNTAINVIEW                                                                                                                     | MOSCOW | ID                                                          | USA     | 83843       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 96587</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Susan R Wilson<br>Name (type or print): Susan R Wilson                                   |        |                                                             |         |             |  |
| Date: 07/20/2015<br>Title: Member                                                                                                                      |                |                                                                                                                                          |        |                                                             |         |             |  |
| Processed 07/20/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                |        |                                                             |         |             |  |