| No. W 114054 | · · · · · · · · · · · · · · · · · · · | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|----------------------------|---|-------|---------|-------------|
| Return to: | Annual Report Form 1. Mailing Address: Correct in this box if needed. DURITY DISTRIBUTION LLC RACHAEL SHELLEY BAHRENFUSS 733 N MAIN ST ST I BELLEVUE ID 83313 UNITED STATES | | RACHAEL S BAHRENFUSS 733 N MAIN ST SUITE I BELLEVUE ID 83313 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 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 |
| MANAGER RACHAEL SI | HELLEY BAHRENFUSS | 733 N. MAIN STREET SUITE I | BELLEVUE | ID | USA | 83313 |
| 5. Organized Under the Laws of: | 6. Annual Report must | | | | | |
| ID | Signature: Rachael I | Date: 04/01/2014 | | | | |
| W 114054 | Name (type or print): Rachael Bahrenfuss Title: Manager | | | | | |
| Processed 04/01/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | |