| No. <b>W 96819</b>   |   | Due no later than Sep 30, 2016  |  | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|---|---------------------------------|--|---|---------|-------------|--|
| Return to: Annu  |   | ıal Report Form                 | M PAULETTE WELCH                           |   |         |             |  |
| SECRETARY OF STATE   | 1. Mailing Address: Correct in this box if needed.  WELCH ENTERPRISES L.L.C.  M PAULETTE WELCH  3345 SHADY GLEN |                                 | 3345 SHADY GLEN<br>IDAHO FALLS ID 83404    |   |         |             |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                   |   |                                 |  |   |         |             |  |
|  | IDAHO FALLS ID 83404  |                                 | 3. <u>New</u> Registered Agent Signature:* |   |         |             |  |
| NO FILING FEE IF<br>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 M PAULETTE WELCH   |   | 3345 SHADY GLEN 3345 SHADY GLEN | IDAHO FALLS                                | ID  | USA     | 83404       |  |
|  |   |                                 |  |   |         |             |  |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.*                            |   |                                 |  |   |         |             |  |
| ID   | Signature: Paulette Welch   |                                 | Date: 07/23/2016                           |   |         |             |  |
| W 96819  | Name (type or print): Paulette Welch  |                                 | Title: Owner                               |   |         |             |  |
| Processed 07/23/2016   | * Electronically provided signatures are accepted as original signatures.                                       |                                 |  |   |         |             |  |