

|                                                                                                                                                        |                 |                                                                                                                                                 |       |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 108795</b>                                                                                                                                    |                 | Due no later than Dec 31, 2017                                                                                                                  |       | 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>KYLE CALDWELL REALTY, LLC.<br>KYLE D CALDWELL<br>3609 E NEWBY ST<br>NAMPA ID 83687 |       | KYLE D CALDWELL<br>3609 E NEWBY ST<br>NAMPA ID 83687 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                 |       | 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 |  |
| MANAGER                                                                                                                                                | KYLE D CALDWELL | 3609 E. NEWBY STREET                                                                                                                            | NAMPA | ID                                                   | USA     | 83687       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 108795</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: KYLE D CALDWELL<br>Name (type or print): KYLE D CALDWELL<br>Date: 10/31/2017<br>Title: MANAGER  |       |                                                      |         |             |  |
| Processed 10/31/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                       |       |                                                      |         |             |  |