

|                                                                                                                                                        |                   |                                                                                                                                                       |       |                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 87904</b>                                                                                                                                     |                   | <b>Due no later than Oct 31, 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>DOWNTOWN HOLDINGS, LLC<br>BRANDON ARCHIBALD<br>4089 E 159 N<br>RIGBY ID 83442<br>USA |       | BRANDON ARCHIBALD<br>4089 E 159 N<br>RIGBY ID 83442 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                       |       | 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                                                                                                                                                 | BRANDON ARCHIBALD | 4089 E 159 N                                                                                                                                          | RIGBY | ID                                                  | USA     | 83442            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                     |       |                                                     |         |                  |  |
| <b>ID<br/>W 87904</b>                                                                                                                                  |                   | Signature: Brandon Archibald                                                                                                                          |       |                                                     |         | Date: 08/18/2015 |  |
|                                                                                                                                                        |                   | Name (type or print): Brandon Archibald                                                                                                               |       |                                                     |         | Title: Member    |  |
| Processed 08/18/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                             |       |                                                     |         |                  |  |