

|  |               |  |         |  |         |                  |  |
|--|---------------|--|---------|--|---------|------------------|--|
| No. <b>W 179462</b>  |               | <b>Due no later than Mar 31, 2018</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>COMMUNITY RISING, PLLC<br>DALE BATES<br>PO BOX 8800<br>KETCHUM ID 83340 |         | DALE BATES<br>671 B 1ST AVE N<br>KETCHUM ID 83340-8334 |         |                  |  |
|  |               |  |         | 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  | PEGGY D BATES | 671 B FIRST AVE. N P.O.BOX 8800  | KETCHUM | ID   | USA     | 83340-7138       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |         |  |         |                  |  |
| <b>ID<br/>W 179462</b>   |               | Signature: Peggy Bates   |         |  |         | Date: 01/23/2018 |  |
|  |               | Name (type or print): Peggy Bates  |         |  |         | Title: Manager   |  |
| Processed 01/23/2018   |               | * Electronically provided signatures are accepted as original signatures.  |         |  |         |                  |  |