| No. W 63662 | | Du | 2 | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------------|---|---|---|--|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. UNICEP BUILDING, LLC ATTN STEPHEN SNEDDEN 414 CHURCH ST., STE. 203 SANDPOINT ID 83864 | | _ | BERG & MCLAUGHLIN CHTD 414 CHURCH ST STE 203 SANDPOINT ID 83864 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | and Address | on of at least one Marshay or Marsay | | | | | |
| Office Held | Name | nes and Addresse | es of at least one Member or Manager. Street or PO Address | | City | State | Country | Postal Code |
| MEMBER MEMBER | JOHN SNEDDEN DDS | | PO BOX 852 PO BOX 852 | | SANDPOINT SANDPOINT | ID ID | USA USA | 83864 83864 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 63662 | | Signature: Stephen Snedden Name (type or print): Stephen Snedden | | | Date: 04/24/2013 Title: Attorney | | | |
| Processed 04/24/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |