| No. W 140004 | | Due no later than Jul 31, 2017 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|---|------------------------------------|----------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | JAMES E MATEER | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 271 SHALE RD PRIEST RIVER ID 83856-8385 271 SHALE RD PRIEST RIVER ID 83856-8385 3. New Registered Agent Signature:* | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER JAMES E MATEER | | ATEER | 271 SHALE RD | | PRIEST RIVER | ID | USA | 83856 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: James Mateer | | | Date: 08/15/2017 | | | |
| W 140004 | | Name (type or print): James Mateer | | | Title: Manager | | | |
| Processed 08/15/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |