| No. W 185779 | | | Due no later than Jul 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------|------------------------------------|---|---|---|------------------|---------|-------------|--|
| Return to: | | Annual Report Form | | | EUDORA E THORPE | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | THORPE FU EUDORA E PO BOX 56 | | | 218 SNOWBERRY LANE IRWIN ID 83449-8344 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | | |
| 4. Limited Liability Comp | anies: Enter N | lames and Addre | sses of at least one Member or Manager. | | | | | | |
| Office Held | Name | | Street or PO Address | (| City | State | Country | Postal Code | |
| MANAGER | EUDORA 7 | THORPE | P. O. BOX 56 | S | SWAN VALLEY | ID | USA | 83449 | |
| 5. Organized Under the Laws of: | | 6. Annual Rep | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: | Signature: Eudora Thorpe | | | Date: 05/26/2018 | | | |
| W 185779 | | Name (type | Name (type or print): Eudora Thorpe | | | Title: Manager | | | |
| Processed 05/26/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | | |