| No. <b>W 107886</b>  |                  |  |                      | 2 | 2. Registered Agent and Address (NO PO BOX)                              |       |         |             |
|--|------------------|--|----------------------|---|--|-------|---------|-------------|
| Return to:   |                  | Annual Report Form                     |                      |   | TREVA R RAWLINGS   |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                  |  |                      |   | 6807 CODY ST BONNERS FERRY ID 83805  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                  |  |                      |   |  |       |         |             |
| 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  | TREVA R RAWLINGS |  | 6658 COMANCHE ST.    |   | BONNERS FERRY  | ID    | USA     | 83805       |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*      |                      |   |  |       |         |             |
| ID   |                  | Signature: TREVA R RAWLINGS            |                      |   | Date: 11/27/2017   |       |         |             |
| W 107886   |                  | Name (type or print): TREVA R RAWLINGS |                      |   | Title: MANAGER   |       |         |             |
| Processed 11/27/2017 * Electronically provided signatures are accepted as original signatures. |                  |  |                      |   |  |       |         |             |