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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------|---------------------|
| No. <b>W 30908</b>                                                                                                                                     |                  | <b>Due no later than May 31, 2017</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CHADCO INVESTMENTS, LLC<br>BRYAN F CHADWICK<br>570 S CLEARWATER LOOP STE B<br>POST FALLS ID 83854 |            | BRYAN F CHADWICK<br>570 S CLEARWATER LOOP STE B<br>POST FALLS ID 83854 |                     |
|                                                                                                                                                        |                  |                                                                                                                                                                                                     |            | 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 |
| MEMBER                                                                                                                                                 | BRYAN F CHADWICK | 570 S CLEARWATER LOOP STE B                                                                                                                                                                         | POST FALLS | ID                                                                     | 83854               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 30908</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Bryan Chadwick<br>Name (type or print): Bryan Chadwick<br>Date: 03/17/2017<br>Title: President                                                      |            |                                                                        |                     |
| Processed 03/17/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                           |            |                                                                        |                     |