

|  |                |   |            |  |         |             |  |
|--|----------------|---|------------|--|---------|-------------|--|
| No. <b>W 184089</b>  |                | Due no later than May 31, 2018  |            | 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>1. Mailing Address: Correct in this box if needed.</b><br><br>ASSURE PAINTING, LLC<br>EDWARD L ASSED<br>253 SEELEY STREET<br>POST FALLS ID 83854 |            | EDWARD L ASSED<br>253 SEELEY STREET<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   | EDWARD L ASSED | 253 SEELEY STREET   | POST FALLS | ID   | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 184089</b>  |                | 6. Annual Report must be signed.*<br>Signature: Bonne H Giese<br>Name (type or print): Bonne H Giese<br>Date: 03/19/2018<br>Title: Office Manager   |            |  |         |             |  |
| Processed 03/19/2018   |                | * Electronically provided signatures are accepted as original signatures.   |            |  |         |             |  |