

|  |                |   |            |  |         |             |  |
|--|----------------|---|------------|--|---------|-------------|--|
| No. <b>W 120465</b>  |                | <b>Due no later than Dec 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br><br>STORRER HOLDINGS LLC<br>GARY STORRER<br>1042 WILDWOOD WAY<br>TWIN FALLS ID 83301 |            | GARY STORRER<br>1042 WILDWOOD WAY<br>TWIN FALLS ID 83301 |         |             |  |
|  |                |   |            | 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 |  |
| MANAGER  | CONNIE STORRER | 1042 WILDWOOD WAY   | TWIN FALLS | ID   | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 120465</b>  |                | 6. Annual Report must be signed.*<br>Signature: Gary Storrer<br>Name (type or print): Gary Storrer<br>Date: 01/04/2017<br>Title: president        |            |  |         |             |  |
| Processed 01/04/2017   |                | * Electronically provided signatures are accepted as original signatures.   |            |  |         |             |  |