

|                                                                                                                                                        |               |                                                                                                                                                |       |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 144665</b>                                                                                                                                    |               | <b>Due no later than Nov 30, 2015</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>CAMED PERFORMANCE, LLC<br>CODY A MILLER<br>11317 W EXCALIBUR ST<br>BOISE ID 83713 |       | CODY A MILLER<br>11317 W EXCALIBUR ST<br>BOISE ID 83713-8371 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                |       | 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                                                                                                                                                | CODY A MILLER | 11317 W EXCALIBUR ST                                                                                                                           | BOISE | ID                                                           | USA     | 83713            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                              |       |                                                              |         |                  |  |
| <b>ID<br/>W 144665</b>                                                                                                                                 |               | Signature: Cody Miller                                                                                                                         |       |                                                              |         | Date: 11/06/2015 |  |
|                                                                                                                                                        |               | Name (type or print): Cody Miller                                                                                                              |       |                                                              |         | Title: Owner     |  |
| Processed 11/06/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                              |         |                  |  |