

|                                                                                                                                                        |                  |                                                                                                                                                                     |  |                                                                 |       |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|-------|---------|-------------|
| No. <b>W 106836</b>                                                                                                                                    |                  | <b>Due no later than Sep 30, 2018</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>MAHLKE HUNSAKER & COMPANY, PLLC<br>TROY L MAHLKE<br>201 CANYON CREST DR.<br>100<br>TWIN FALLS ID 83301 |  | TROY L MAHLKE<br>CANYON CREST DR.<br>100<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 |
| MEMBER                                                                                                                                                 | SCOTT E HUNSAKER | 201 CANYON CREST DRIVE 100                                                                                                                                          |  | TWIN FALLS                                                      | ID    | USA     | 83301       |
| MEMBER                                                                                                                                                 | TROY L MAHLKE    | 201 CANYON CREST DRIVE 100                                                                                                                                          |  | TWIN FALLS                                                      | ID    | USA     | 83301       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 106836</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Troy Mahlke<br>Name (type or print): Troy Mahlke<br>Date: 07/31/2018<br>Title: Member                               |  |                                                                 |       |         |             |
| Processed 07/31/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                           |  |                                                                 |       |         |             |