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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 13834</b>                                                                                                                                     |                | <b>Due no later than Dec 31, 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><br>GRAEBER & COMPANY, LLC<br>ATTN SHELBY BILLS<br>350 N 9TH ST STE 103<br>BOISE ID 83702 |       | SHELBY BILLS<br>350 N 9TH ST STE 103<br>BOISE ID 83702 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                        |       | 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                                                                                                                                                | SHELBY R BILLS | 350 N 9TH STE 103                                                                                                                                      | BOISE | ID                                                     | USA     | 83702            |  |
| MEMBER                                                                                                                                                 | ODELL ENGLAND  | 350 N 9TH ST STE 103                                                                                                                                   | BOISE | ID                                                     | USA     | 83702            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                      |       |                                                        |         |                  |  |
| <b>ID<br/>W 13834</b>                                                                                                                                  |                | Signature: Shelby Bills                                                                                                                                |       |                                                        |         | Date: 11/12/2015 |  |
|                                                                                                                                                        |                | Name (type or print): Shelby Bills                                                                                                                     |       |                                                        |         | Title: Manager   |  |
| Processed 11/12/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                              |       |                                                        |         |                  |  |