| No. W 82946 | | Due no later than Apr 30, 2016 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|-----------------------|-------------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. RCS DESIGN LLC. ROBERT C SCHMIDT 903 E GLACIER PEAK DR POST FALLS ID 83854 | | 903 E GLACIE | ROBERT C SCHMIDT 903 E GLACIER PEAK DR POST FALLS ID 83854 | | | |
| | | | | 3. <u>New</u> Registere | 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 | ROBERT C | SCHMIDT | 903 E GLACIER PEAK DR | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Rol | | Date: 04/02/2016 | | | | |
| W 82946 | | Name (type or | | Title: President | | | | |
| Processed 04/02/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |