| No. W 160943 | Due no later than Jan 31, 2018 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|----------------------|-----------------|--|------------------|-------------|--|
| Return to: | Annual Report Form | | | BENJAMIN JENNINGS | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | J. Mailing Ad JENNINGS JEFF BENJAMIN C J 2045 ROCKRID BOISE ID 837 | ENNINGS GE WAY | BOISE ID | 2045 ROCKRIDGE WAY BOISE ID 83712 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 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 BENJAMIN C JENNINGS 2045 ROCKRIDGE WAY | | | BOISE | ID | USA | 83712 | |
| 5. Organized Under the Laws of: | 6. Annual Report | must be signed.* | | | | | |
| ID | Signature: Benjamin C Jennings | | | Date: | Date: 11/27/2017 | | |
| W 160943 | Name (type or print): Benjamin C Jennings | | | Title: Manager | | | |
| Processed 11/27/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | |