

|                                                                                                                                                        |                |                                                                                                                                            |       |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 111838</b>                                                                                                                                    |                | <b>Due no later than Mar 31, 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><br>VENTOUX PARTNERS, LLC<br>RAINO ZOLLER<br>194 SKYLARK DR<br>BOISE ID 83702 |       | SCOTT BISHOP<br>1810 W STATE ST STE 330<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                                                                                                                                                | SCOTT BISHOP   | 1810 W STATE ST STE 330                                                                                                                    | BOISE | ID                                                        | USA     | 83702       |  |
| MANAGER                                                                                                                                                | RAINO V ZOLLER | 194 SKYLARK DR                                                                                                                             | BOISE | ID                                                        | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 111838</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Raino Zoller<br>Name (type or print): Raino Zoller                                         |       |                                                           |         |             |  |
| Date: 01/31/2018<br>Title: Manager                                                                                                                     |                |                                                                                                                                            |       |                                                           |         |             |  |
| Processed 01/31/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                  |       |                                                           |         |             |  |