

|                                                                                                                                                        |              |                                                                                                                                          |             |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 97638</b>                                                                                                                                     |              | Due no later than Nov 30, 2014                                                                                                           |             | 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>IF-8, LLC<br>DARREN PUETZ<br>PO BOX 2364<br>IDAHO FALLS ID 83403<br>USA |             | DARREN PUETZ<br>2435 BRIARCLIFF<br>IDAHO FALLS 83404 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                          |             | 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                                                                                                                                                 | DARREN PUETZ | P.O. BOX 2364                                                                                                                            | IDAHO FALLS | ID                                                   | USA     | 83403       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 97638</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Darren Puetz<br>Name (type or print): Darren Puetz<br>Date: 11/23/2014<br>Title: Manager |             |                                                      |         |             |  |
| Processed 11/23/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                |             |                                                      |         |             |  |