| No. <b>W 116737</b>  |          |   |                      | 2. Registered Agent and Address (NO PO BOX)  |                  |       |         |  |
|--|----------|---|----------------------|--|------------------|-------|---------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |          | Annual Report Form  1. Mailing Address: Correct in this box if needed.  LIBERTY SERVICES, LLC  ROBERT PIERCE SHERMAN IV  1042 WEST MILL AVE, SUITE 207  COEUR D ALENE ID 83814-2489 |                      | ROBERT PIERCE SHERMAN IV 1701-A 7TH ST COEUR D ALENE ID 83814  3. New Registered Agent Signature:* |                  |       |         |  |
|  |          |   |                      |  |                  |       |         | NO FILING FEE IF<br>RECEIVED BY DUE DATE |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |          |   |                      |  |                  |       |         |  |
| Office Held Nam  | ne       |   | Street or PO Address |  | City             | State | Country | Postal Code                              |
| MANAGER ROB  | BERT PIE | RCE SHERMAN IV  | 1701-A 7TH STREET    |  | COEUR D ALENE    | ID    | USA     | 83814                                    |
| 5. Organized Under the Laws of:  |          | 6. Annual Report must   |                      |  |                  |       |         |  |
| ID   |          | Signature: Robert Pierce Sherman IV   |                      |  | Date: 06/20/2017 |       |         |  |
| W 116737   |          | Name (type or print): Robert Pierce Sherman IV  |                      |  | Title: Manager   |       |         |  |
| Processed 06/20/2017 * Electronically provided signatures are accepted as original signatures. |          |   |                      |  |                  |       |         |  |