

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 156219</b>  | <b>Due no later than Sep 30, 2016</b><br><b>Annual Report Form</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>CHASEAPTS LLC<br>LARRY LINFORD<br>5997 E PHEASANT DR<br>IDAHO FALLS ID 83401 |   | LARRY LINFORD<br>5997 E PHEASANT DR<br>IDAHO FALLS ID 83401-8340 |       |         |             |
|  |   |   | 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  | LARRY LINFORD   | 5997 E PHEASANT DRIVE   | IDAHO FALLS  | ID    | USA     | 83401       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 156219</b>  | 6. Annual Report must be signed.*<br>Signature: Larry Linford<br>Name (type or print): Larry Linford                                      |   | Date: 07/25/2016<br>Title: President                             |       |         |             |
| Processed 07/25/2016   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |