

|                                                                                                                                                        |                |                                                                                                                                                    |       |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 171529</b>                                                                                                                                    |                | <b>Due no later than Sep 30, 2017</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>JAYME MILLER OFFICE MANAGEMENT, LLC<br>JAYME MILLER<br>812 5TH ST S<br>NAMPA ID 83687 |       | JAYME MILLER<br>812 5TH ST S<br>NAMPA ID 83687-8368 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                    |       | 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                                                                                                                                                 | JAYME L MILLER | 812                                                                                                                                                | NAMPA | ID                                                  | USA     | 83687       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 171529</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Jayme Miller<br>Name (type or print): Jayme Miller                                                 |       |                                                     |         |             |  |
|                                                                                                                                                        |                | Date: 07/22/2017<br>Title: Manager                                                                                                                 |       |                                                     |         |             |  |
| Processed 07/22/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                     |         |             |  |