

|                                                                                                                                                        |            |                                                                                                                                          |       |                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|------------------|--|
| No. <b>W 119596</b>                                                                                                                                    |            | <b>Due no later than Dec 31, 2015</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>STAR NORTH, LLC<br>DON NEWELL<br>607 SHERINGTON DRIVE<br>EAGLE ID 83616 |       | DON NEWELL<br>607 SHERINGTON DRIVE<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                          |       | 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                                                                                                                                                 | DON NEWELL | 607 W SHERINGTON DR                                                                                                                      | EAGLE | ID                                                   | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                        |       |                                                      |         |                  |  |
| <b>ID<br/>W 119596</b>                                                                                                                                 |            | Signature: Joan Newell                                                                                                                   |       |                                                      |         | Date: 11/05/2015 |  |
|                                                                                                                                                        |            | Name (type or print): Joan Newell                                                                                                        |       |                                                      |         | Title: Treasurer |  |
| Processed 11/05/2015                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                |       |                                                      |         |                  |  |