

|  |                 |  |           |  |         |                  |  |
|--|-----------------|--|-----------|--|---------|------------------|--|
| No. <b>W 155063</b>  |                 | <b>Due no later than Aug 31, 2018</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>VIEW CAFE, LLC (THE)<br>C/O STOCKTON BUSINESS SERVICES<br>PO BOX 3084<br>BONNERS FERRY ID 83805 |           | HEIDI STOCKTON<br>41 SUNRISE ROAD, STE A<br>BONNERS FERRY ID 83805 |         |                  |  |
|  |                 |  |           | 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   | KERRI L NEWSOME | 462049 HWY 95  | COCOLALLA | ID   | USA     | 83813            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |           |  |         |                  |  |
| <b>ID<br/>W 155063</b>   |                 | Signature: KERRI NEWSOME   |           |  |         | Date: 07/08/2018 |  |
|  |                 | Name (type or print): KERRI NEWSOME  |           |  |         | Title: MEMBER    |  |
| Processed 07/08/2018   |                 | * Electronically provided signatures are accepted as original signatures.  |           |  |         |                  |  |