| No. <b>W 36531</b>   |                    | Due no later than Feb 28, 2018   |                                | 2 | 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.  QUAIL, L.L.C.  BOYD R. WILKES  10909 QUAIL COVE CT.  NAMPA ID 83687  USA |                                |   | BOYD R WILKES 10909 QUAIL COVE CT NAMPA ID 83687  3. New Registered Agent Signature:* |       |         |             |
| RECEIVED BY DUE DATE   |                    |  |                                |   |   |       |         |             |
| 4. Limited Liability Comp.   | anies: Enter Nai   | mes and Addresses of a   | t least one Member or Manager. |   |   |       |         |             |
| Office Held  | Name               |  | Street or PO Address           |   | City  | State | Country | Postal Code |
| MANAGER  | AGER BOYD R WILKES |  | 10909 QUAIL COVE CT.           |   | Nampa   | ID    | USA     | 83687       |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |                                |   |   |       |         |             |
| ID   |                    | Signature: Boyd R Wilkes   |                                |   | Date: 12/22/2017  |       |         |             |
| W 36531  |                    | Name (type or print): Boyd R Wilkes  |                                |   | Title: Manager  |       |         |             |
| Processed 12/22/2017 * Electronically provided signatures are accepted as original signatures. |                    |  |                                |   |   |       |         |             |