

|  |                  |  |        |   |         |                  |  |
|--|------------------|--|--------|---|---------|------------------|--|
| No. <b>W 111391</b>  |                  | <b>Due no later than Feb 29, 2016</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>PARKINS LAW OFFICE, PLLC<br>PAMELA T PARKINS<br>PO BOX 673<br>255 SOUTH MAIN ST STE C<br>VICTOR ID 83455<br>USA |        | PAMELA T PARKINS<br>255 SOUTH MAIN STREET, SUITE C<br>VICTOR ID 83455 |         |                  |  |
|  |                  |  |        | 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  | PAMELA T PARKINS | 255 SOUTH MAIN STREET, SUITE C<br>P.O. BOX 673   | VICTOR | ID  | USA     | 83455            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |        |   |         |                  |  |
| <b>ID<br/>W 111391</b>   |                  | Signature: Pamela T. Parkins   |        |   |         | Date: 01/10/2016 |  |
|  |                  | Name (type or print): Pamela T. Parkins  |        |   |         | Title: Manager   |  |
| Processed 01/10/2016   |                  | * Electronically provided signatures are accepted as original signatures.  |        |   |         |                  |  |