| No. W 172673 Return to: | | Due no later than Oct 31, 2018 Annual Report Form | | | 2. Registered Agent and Address (NO PO BOX) SARAH EDMUNDS | | | |
|--|-----------------|---|--------------------------------------|----|--|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. COMPLETE LIFE ESCROW SERVICES, LLC SARAH EDMUNDS PO BOX 381 EAGLE ID 83616 | | | 576 S WATERTON AVE EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nai | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | Ci | ity | State | Country | Postal Code |
| MANAGER | SARAH A E | DMUNDS | PO BOX 381 | E/ | AGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Sarah Edmunds | | | Date: 09/14/2018 | | | |
| W 172673 | | Name (type or print): Sarah Edmunds | | | Title: Manager | | | |
| Processed 09/14/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |