| No. W 102402 | | Due no later than Apr 30, 2018 | | 2. | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|--------------------------------------|----|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | | DOMINI CLARK | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | BLACKMERE TA DOMINI CLARA 3790 FOUNDER | - | TC | 3790 FOUNDERS POINTE DR IDAHO FALLS ID 83406-5092 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | anies: Enter Na | mes and Addresses | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | C | City | State | Country | Postal Code |
| MANAGER DOMINI G C | | CLARK | 3790 FOUNDERS POINTE DRIVE | А | MMON | ID | USA | 83406-5092 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Domini Clark | | | Date: 02/27/2018 | | | |
| W 102402 | | Name (type or print): Domini Clark | | | Title: MANAGING PRINCIPAL | | | |
| Processed 02/27/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |