

|  |  |  |   |                                    |         |             |
|--|--|--|---|------------------------------------|---------|-------------|
| No. <b>W 55653</b>   | <b>Due no later than Oct 31, 2015</b><br><b>Annual Report Form</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>                  |  | ALL DAY \$49 IDAHO REGISTERED A<br>1900 NORTHWEST BLVD STE 106A<br>COEUR D ALENE ID 83814 |                                    |         |             |
|  | SHORELINE, LLC<br>SONIE COMBS<br>PO BOX 3530<br>POST FALLS ID 83877<br>USA |  | 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  | SAUNDRA L COMBS  | PO BOX 3530  | POST FALLS  | ID                                 |         | 83877       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 55653</b>   |  | 6. Annual Report must be signed.*<br>Signature: Saundra Combs<br>Name (type or print): Saundra Combs |   | Date: 08/31/2015<br>Title: Manager |         |             |
| Processed 08/31/2015   |  | * Electronically provided signatures are accepted as original signatures.                            |   |                                    |         |             |