| No. W 61043 Return to: | | Due no later than Mar 31, 2015 Annual Report Form | 2. Registered Agent and Address (NO PO BOX) LORI LOWE 1516 W POWDER CT EAGLE 83616 3. New Registered Agent Signature:* | | | | |
|--|--|---|--|----------|---------|----------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LOWE TECHNOLOGY, LLC LORI LOWE 1516 W POWDER CT EAGLE ID 83616 | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 | |
| MEMBER MEMBER | LORI LOWE MIKE LOWE | 1516 W POWDER CT 1516 W POWDER CT | EAGLE EAGLE | ID ID | | 83616 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 61043 | | Signature: Lori A Lowe | Date: 04/01/2015 | | | | |
| | | Name (type or print): Lori A Lowe | Title: Manager | | | | |
| Processed 04/01/2015 | ocessed 04/01/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | |