

|                                                                                                                                                        |                  |                                                                                                                                                   |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 61895</b>                                                                                                                                     |                  | <b>Due no later than Apr 30, 2013</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>PATHWAYS TO SUCCESS, LLC<br>BLAKE R JOHNSON<br>190 N 4400 E<br>RIGBY ID 83442<br>USA |       | MICHELLE JOHNSON<br>190 N 4400 E<br>RIGBY ID 83442 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                   |       | 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      |  |
| MEMBER                                                                                                                                                 | MICHELLE JOHNSON | 197 N 4700 E                                                                                                                                      | RIGBY | ID                                                 | USA     | 83442            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                 |       |                                                    |         |                  |  |
| <b>ID<br/>W 61895</b>                                                                                                                                  |                  | Signature: Blake Johnson                                                                                                                          |       |                                                    |         | Date: 04/19/2013 |  |
|                                                                                                                                                        |                  | Name (type or print): Blake Johnson                                                                                                               |       |                                                    |         | Title: Member    |  |
| Processed 04/19/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                         |       |                                                    |         |                  |  |