

|  |                 |  |            |  |         |                  |  |
|--|-----------------|--|------------|--|---------|------------------|--|
| No. <b>W 113983</b>  |                 | <b>Due no later than May 31, 2018</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><br>D & M CONSULTING, LLC<br>DORRAINE POOL<br>765 LAWRENCE<br>TWIN FALLS ID 83301 |            | MARTIN E POOL<br>765 LAWRENCE<br>TWIN FALLS ID 83301 |         |                  |  |
|  |                 |  |            | 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   | DORRAINE S POOL | 765 LAWRENCE AVE   | TWIN FALLS | ID   | USA     | 83301            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |            |  |         |                  |  |
| <b>ID<br/>W 113983</b>   |                 | Signature: Dorraine Pool   |            |  |         | Date: 04/13/2018 |  |
|  |                 | Name (type or print): Dorraine Pool  |            |  |         | Title: Member    |  |
| Processed 04/13/2018   |                 | * Electronically provided signatures are accepted as original signatures.  |            |  |         |                  |  |