

No. <b>W 84812</b>	<b>Due no later than Jun 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> VELOCIMAX WIRELESS LLC TIM PLASS 5853 E POLELINE AVE POST FALLS ID 83854		TIMOTHY M PLASS 5853 E POLELINE AVE POST FALLS ID 83854			
			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	TIMOTHY M PLASS	5853 E. POLELINE AVE.	POST FALSS	ID	USA	83854-5945
MEMBER	JULIA A PLASS	5853 E. POLELINE AVE.	POST FALLS	ID	USA	83854-5945
5. Organized Under the Laws of:  <b>ID</b> <b>W 84812</b>	6. Annual Report must be signed.* Signature: Timothy M. Plass Name (type or print): Timothy M. Plass		Date: 06/01/2012 Title: President			
Processed 06/01/2012		* Electronically provided signatures are accepted as original signatures.				