

|  |                             |   |        |  |         |             |  |
|--|-----------------------------|---|--------|--|---------|-------------|--|
| No. <b>W 18844</b>   |                             | <b>Due no later than Apr 30, 2009</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>FIERMAN CONSULTING, LLC<br>NATHAN M FIERMAN<br>293 INDIAN CREEK RD<br>HAILEY ID 83333<br>USA |        | NATHAN FIERMAN<br>293 INDIAN CREEK RD<br>HAILEY ID 83333 |         |             |  |
|  |                             |   |        | 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   | NATHAN FIERMAN LIVING TRUST | 293 INDIAN CREEK RD   | HAILEY | ID   | USA     | 83333       |  |
| MEMBER   | SUSAN FIERMAN LIVING TRUST  | 293 INDIAN CREEK RD   | HAILEY | ID   | USA     | 83333       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 18844</b>   |                             | 6. Annual Report must be signed.*<br>Signature: Nathan M. Fierman<br>Name (type or print): Nathan M. Fierman<br>Date: 04/08/2009<br>Title: Member             |        |  |         |             |  |
| Processed 04/08/2009   |                             | * Electronically provided signatures are accepted as original signatures.   |        |  |         |             |  |