

|                                                                                                                                                        |               |                                                                                                                                                            |       |                                                          |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 7743</b>                                                                                                                                      |               | <b>Due no later than Jan 31, 2011</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>BLUE MOUNTAIN CONSULTING, LLC<br>MARK J MILLER<br>5127 SHALECREST COURT<br>BOISE ID 83703 |       | MARK J MILLER<br>5127 SHALECREST COURT<br>BOISE ID 83703 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                            |       | 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                                                                                                                                                | MARK J MILLER | 5127 SHALECREST COURT                                                                                                                                      | BOISE | ID                                                       | USA     | 83703            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                          |       |                                                          |         |                  |  |
| <b>ID<br/>W 7743</b>                                                                                                                                   |               | Signature: Mark Miller                                                                                                                                     |       |                                                          |         | Date: 01/22/2011 |  |
|                                                                                                                                                        |               | Name (type or print): Mark Miller                                                                                                                          |       |                                                          |         | Title: Manager   |  |
| Processed 01/22/2011                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                  |       |                                                          |         |                  |  |