| No. W 128060 | | Due no later than Aug 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------|-------|---------|-------------|
| Return to: | | Annual Report Form | | BRIAN C ARMES | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CITADEL EDUCATION CONSULTING LLC BRIAN C ARMES PO BOX 3338 IDAHO FALLS ID 83403 | | 1978 S 60 E IDAHO FALLS ID 83401 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 BRIAN C ARM | | MES 1978 S | 60TH E | IDAHO FALLS | ID | USA | 83401 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Brian C Armes | | Date: 10/04/2016 | | | |
| W 128060 | | Name (type or print): Brian C Armes | | Title: Owner | | | |
| Processed 10/04/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |