| No. <b>W 77305</b>   |                | Du  | 2. Registered A                       | 2. Registered Agent and Address (NO PO BOX)   |              |                |             |  |
|--|----------------|---|---------------------------------------|---|--------------|----------------|-------------|--|
| Return to:   |                | Annual Report Form  |                                       | CONTRACT REPORT REPORTED IN THE CONTRACT      | MATTHEW WALO |                |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                | 1. Mailing Address: Correct in this box if needed.  STRATEGIC PLANNING PARTNERS, L.L.C.  MATTHEW D WALO  55 W WILLOWBROOK DR #103 |                                       | 55 W WILLOWBROOK DR #103<br>MERIDIAN ID 83642 |              |                |             |  |
|  |                | MERIDIAN ID 83642   |                                       | 3. New Registered Agent Signature:*           |              |                |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                | USA   |                                       |   |              |                |             |  |
| 4. Limited Liability Compa   | nies: Enter Na | mes and Address   | es of at least one Member or Manager. |   |              |                |             |  |
| Office Held  | Name           |   | Street or PO Address                  | City  | State        | Country        | Postal Code |  |
| MEMBER MATTHEW D WALO MANAGER BRYAN KETTEL   |                | 55 W. WILLOWBROOK DR. STE 103<br>16150 NE 85TH STREET #204  | MERIDIAN<br>REDMOND                   | ID<br>WA                                      | USA<br>USA   | 83646<br>98502 |             |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |                                       |   |              |                |             |  |
| WA<br>W 77305  |                | Signature: Ma   | Dai                                   | Date: 07/15/2013                              |              |                |             |  |
|  |                | Name (type o  | Title: Financial Planner              |   |              |                |             |  |
| Processed 07/15/2013 * Electronically provided signatures are accepted as original signatures. |                |   |                                       |   |              |                |             |  |