

|  |                 |  |       |   |         |                  |  |
|--|-----------------|--|-------|---|---------|------------------|--|
| No. <b>W 84164</b>   |                 | <b>Due no later than May 31, 2017</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>NETMAN, LLC (THE)<br>SCOTT CARLSON<br>8130 WATERCRESS AVE<br>NAMPA ID 83687-8290<br>USA |       | SCOTT CARLSON<br>8130 WATERCRESS AVE<br>NAMPA ID 83687-8290 |         |                  |  |
|  |                 |  |       | 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  | SCOTT A CARLSON | 8130 WATERCRESS AVE  | NAMPA | ID  | USA     | 83687-8290       |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 84164</b>  |                 | Signature: Scott Carlson   |       |   |         | Date: 04/04/2017 |  |
|  |                 | Name (type or print): Scott Carlson  |       |   |         | Title: Owner     |  |
| Processed 04/04/2017   |                 | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |