

|                                                                                                                                                        |              |                                                                                                                                                           |            |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 123922</b>                                                                                                                                    |              | <b>Due no later than Apr 30, 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>EXECUPRO CONSULTING SERVICES, LLC<br>NANCY E NICK<br>9889 W GALLOP LN<br>POST FALLS ID 83854 |            | NANCY E NICK<br>9889 W GALLOP LN<br>POST FALLS ID 83854 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                           |            | 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                                                                                                                                                 | NANCY E NICK | 9889 W GALLOP LANE                                                                                                                                        | POST FALLS | ID                                                      | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 123922</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Nancy E Nick<br>Name (type or print): Nancy E Nick<br>Date: 02/20/2017<br>Title: Managing Member          |            |                                                         |         |             |  |
| Processed 02/20/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                 |            |                                                         |         |             |  |