

|                                                                                                                                                        |              |                                                                                                                                              |       |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 152453</b>                                                                                                                                    |              | <b>Due no later than Jun 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><br>REID CONSULTING, LLC<br>KATIE REID<br>8091 W GRASSLAND CT<br>BOISE ID 83704 |       | KATIE REID<br>8091 W GRASSLAND CT<br>BOISE ID 83704 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                              |       | 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                                                                                                                                                 | RAND A REID  | 8091 W GRASSLAND CT                                                                                                                          | BOISE | ID                                                  | USA     | 83704       |  |
| MANAGER                                                                                                                                                | KATIE A REID | 8091 W GRASSLAND CT                                                                                                                          | BOISE | ID                                                  | USA     | 83704       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 152453</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Katie Reid<br>Name (type or print): Katie Reid<br>Date: 08/14/2017<br>Title: Manager         |       |                                                     |         |             |  |
| Processed 08/14/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                    |       |                                                     |         |             |  |