No. **W 40397**	**Due no later than Jun 30, 2014**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** CORVUS LOGIC, LLC ROBERT B POULSEN P.O. BOX 50225 IDAHO FALLS ID 83405-0225	ROBERT B POULSEN 185 SOUTH CAPITAL IDAHO FALLS ID 83402 3. New 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	ROBERT B POULSEN	P.O. BOX 50225	IDAHO FALLS	ID	USA	83405
MANAGER	SHERI L POULSEN	P.O. BOX 50225	IDAHO FALLS	ID	USA	83405-0225

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 40397**	Signature: Barbara Winters	Date: 05/09/2014
	Name (type or print): Barbara Winters	Title: Accounting Assistant

Processed 05/09/2014

* Electronically provided signatures are accepted as original signatures.