

|                                                                                                                                                        |                  |                                                                                                                                                       |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 106422</b>                                                                                                                                    |                  | <b>Due no later than Sep 30, 2012</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>RHONDA WEMHOFF ARCHITECTURE, PLLC<br>RHONDA WEMHOFF<br>PO BOX 213<br>COTTONWOOD ID 83522 |        | RHONDA WEMHOFF<br>1553 HWY 162<br>KAMIAH ID 83536  |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                       |        | 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                                                                                                                                                 | RHONDA M WEMHOFF | 1553 HIGHWAY 162                                                                                                                                      | KAMIAH | ID                                                 | USA     | 83536            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                     |        |                                                    |         |                  |  |
| <b>ID<br/>W 106422</b>                                                                                                                                 |                  | Signature: Rhonda Wemhoff                                                                                                                             |        |                                                    |         | Date: 08/13/2012 |  |
|                                                                                                                                                        |                  | Name (type or print): Rhonda Wemhoff                                                                                                                  |        |                                                    |         | Title: Member    |  |
| Processed 08/13/2012                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                             |        |                                                    |         |                  |  |