| No. W 144798 | | Due no later than Nov 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------------|---|-------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | SETH HANSEN 1251 N COLE RD BOISE ID 83704 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE | 1. Maili | 1. Mailing Address: Correct in this box if needed. IMPACT DIRECTORIES OF WISCONSIN, LLC JAVIER A BUCHELI 1251 N COLE RD BOISE ID 83704 USA | | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | JAVIER / 1251 N C | | | | | | |
| NO FILING FEE IF | | | | | | | |
| RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter | Names and Add | resses of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| EMBER JAVIER BUCHELI | | 1251 N COLE RD | BOISE | ID | USA | 83704 | |
| MANAGER QUINN B | MHA | 1251 N COLE RD | BOISE | ID | USA | 83704 | |
| MANAGER SETH HA | NSEN | 1251 N COLE RD | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | 6. Annual R | Report must be signed.* | | | | | |
| w w i | Signatur | Signature: JAVIER A BUCHELI Date: 09/28/2016 | | | | | |
| W 144798 | Name (ty | Name (type or print): JAVIER A BUCHELI Title: CONTROLLER | | | | | |
| Processed 09/28/2016 | * Electronic | * Electronically provided signatures are accepted as original signatures. | | | | | |