

|                                                                                                                                                        |                 |                                                                                                                                                          |           |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 179829</b>                                                                                                                                    |                 | <b>Due no later than Mar 31, 2018</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>LIBERTY SOLUTIONS, L.L.C.<br>SHANE J JOHNSON<br>47 WEST 215 NORTH<br>BLACKFOOT ID 83221 |           | SHANE J JOHNSON<br>47 WEST 215 NORTH<br>BLACKFOOT ID 83221 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                          |           | 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 |  |
| MANAGER                                                                                                                                                | SHANE J JOHNSON | 47 WEST 215 NORTH                                                                                                                                        | BLACKFOOT | ID                                                         | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 179829</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Shane J Johnson<br>Name (type or print): Shane J Johnson<br>Date: 01/26/2018<br>Title: Owner             |           |                                                            |         |             |  |
| Processed 01/26/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                |           |                                                            |         |             |  |