

|  |               |   |       |  |                     |
|--|---------------|---|-------|--|---------------------|
| No. <b>W 115433</b>  |               | <b>Due no later than Jul 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>N' BALANCE OFFICE SOLUTIONS, LLC<br>SONDRA MILLER<br>3901 NEEL ST<br>BOISE ID 83705 |       | SONDRA MILLER<br>3901 NEEL ST<br>BOISE ID 83705    |                     |
|  |               |   |       | 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   | SONDRA MILLER | 3901 NEEL ST  | BOISE | ID   | USA 83705-2126      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 115433</b>  |               | 6. Annual Report must be signed.*<br>Signature: Sondra Miller<br>Name (type or print): Sondra Miller<br>Date: 06/17/2016<br>Title: Owner  |       |  |                     |
| Processed 06/17/2016   |               | * Electronically provided signatures are accepted as original signatures.   |       |  |                     |