

|  |               |  |         |  |         |                   |  |
|--|---------------|--|---------|--|---------|-------------------|--|
| No. <b>W 100260</b>  |               | <b>Due no later than Feb 28, 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>SUMMIT CONSULTING LLC<br>ROB B LINDSTROM<br>660 CENTENNIAL LOOP<br>REXBURG ID 83440 |         | ROB B LINDSTROM<br>660 CENTENNIAL LOOP<br>REXBURG ID 83440 |         |                   |  |
|  |               |  |         | 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   | ROB LINDSTROM | 660 CENTENNIAL LOOP  | REXBURG | ID   | USA     | 83440             |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |         |  |         |                   |  |
| <b>ID<br/>W 100260</b>   |               | Signature: SCOTT SMITH   |         |  |         | Date: 01/05/2018  |  |
|  |               | Name (type or print): SCOTT SMITH  |         |  |         | Title: Accountant |  |
| Processed 01/05/2018   |               | * Electronically provided signatures are accepted as original signatures.  |         |  |         |                   |  |