

|                                                                                                                                                        |                 |                                                                                                                                    |      |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 120414</b>                                                                                                                                    |                 | Due no later than Dec 31, 2016                                                                                                     |      | 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>SYSWISDOM LLC<br>CHARLES PRESTON<br>608 SCOTT ST<br>TROY ID 83871 |      | CHARLES PRESTON<br>608 SCOTT ST<br>TROY ID 83871   |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                    |      | 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                                                                                                                                                 | KARIN E PRESTON | 608 SCOTT STREET                                                                                                                   | TROY | ID                                                 | USA     | 83871       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 120414</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Karin E Preston<br>Name (type or print): Karin E Preston                           |      |                                                    |         |             |  |
| Date: 11/01/2016<br>Title: Member                                                                                                                      |                 |                                                                                                                                    |      |                                                    |         |             |  |
| Processed 11/01/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                          |      |                                                    |         |             |  |