| No. W 142917 | | Due no later than Oct 31, 2017 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------|--|----------------------|------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | C JASON | C JASON MABEY | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. NDIWEB SOLUTIONS LLC C JASON MABEY PO BOX 40 BANCROFT ID 83217 | | BANCROFT | 141 W 1ST S BANCROFT ID 83217 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| Office Held Na | ame | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER CH | HRISTOPHE | R JASON MABEY | 141 W 1ST S | BANCROFT | ID | USA | 83217-0040 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Christoph | | Date: 08/27/2017 | | | | |
| W 142917 | | Name (type or print) | | Title: Owner | | | | |
| Processed 08/27/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |