

|  |               |  |        |   |                  |             |  |
|--|---------------|--|--------|---|------------------|-------------|--|
| No. <b>W 154198</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>  |        | ERIN T. HERRETT<br>561 MOTHER LODGE LOOP<br>HAILEY ID 83333 |                  |             |  |
|  |               | <b>1. Mailing Address: Correct in this box if needed.</b>                                |        | 3. <u>New</u> Registered Agent Signature:*                  |                  |             |  |
|  |               | MORIARTY CONSULTING, LLC<br>ERIN T. MORIARTY<br>561 MOTHER LODGE LOOP<br>HAILEY ID 83333 |        |   |                  |             |  |
| 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  | ERIN MORIARTY | 561 MOTHER LODGE LOOP  | HAILEY | ID  | USA              | 83333       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |        |   |                  |             |  |
| <b>ID<br/>W 154198</b>   |               | Signature: Erin Moriarty   |        |   | Date: 08/10/2016 |             |  |
|  |               | Name (type or print): Erin Moriarty  |        |   | Title: Manager   |             |  |
| Processed 08/10/2016   |               | * Electronically provided signatures are accepted as original signatures.                |        |   |                  |             |  |