| No. W 168486 | | Due no later than Jun 30, 2018 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------|---|------------------------------------|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | JOSEPH TAYLOR | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TECHABYTE TECHNOLOGY SOLUTIONS LLC JOSEPH TAYLOR 192 DUBOIS AVE TWIN FALLS ID 83301 | | | 192 DUBOIS AVE TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | MEMBER JOSEPH B TAYLOR | | 192 DUBOIS AVE | | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Joseph Taylor | | | Date: 04/21/2018 | | | |
| W 168486 | | Name (type or print): Joseph Taylor | | | Title: Owner | | | |
| Processed 04/21/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |