| Annual Report Form  Mailing Address - Correct in this box, if applicated the consulting, LLC is woodruff and the consulting and supplied the consulting and supplied the consulting and supplied the consulting and addresses of Manager in the | 3. New Registered Agent Signature                  |
|---|--|
| HER CONSULTING, LLC S WOODRUFF HO FALLS, ID 83401  Inter Names and Addresses of Manager  Street or P.O. Address   | 3. New Registered Agent Signature                  |
| S WOODRUFF HO FALLS, ID 83401  Inter Names and Addresses of Manager  Street or P.O. Address   | rs.  |
| nter Names and Addresses of Manager   | rs.  |
| Street or P.O. Address  | Ctate Zin  |
|   | City State   |
| cher 4385 N Rushton Circle Io   | ona, ID 83427                                      |
| her 4385 N Rushton Circle Ion   | na, ID 83427                                       |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| annus I   | Chilas Date 3/14/05                                |
|   | _  |
| TURNAS I ATCH   | IER MANAGER  |
| Name Persied THOMAS J. AICH   | IER MANAGER  |
|   | her 4385 N Rushton Circle Ior  6. Signature Thomas |