




No. W 97223	Due no later than Oct 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM L JAROCKI 1508 S RIVERSTONE LANE APT 105 BOISE ID 83706-4079
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. VOLTAIC SOLUTIONS, LLC WILLIAM L JAROCKI 1508 S RIVERSTONE LANE APT 105 BOISE ID 83706-4079		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	WILLIAM L JAROCKI	1508 S. RIVERSTONE LN.				
		APT 105	BOISE	ID	USA	83706-4079
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 97223 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 11/2/12 </td> </tr> <tr> <td> Name (type or print): WILLIAM L. JAROCKI </td> <td> Title: PRESIDENT </td> </tr> </table>	Signature: 	Date: 11/2/12	Name (type or print): WILLIAM L. JAROCKI	Title: PRESIDENT
Signature: 	Date: 11/2/12				
Name (type or print): WILLIAM L. JAROCKI	Title: PRESIDENT				

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