

| | | | | | | |
|--|--|--|--|-----------------------------------|---------|-------------|
| No. W 155295 | Due no later than Aug 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. RISE ABOVE DYSLEXIA, LLC SHERRY BLACK 800 WEST BANKSIDE DR EAGLE ID 83616 USA | | SHERRY BLACK 800 WEST BANKSIDE DR EAGLE ID 83616 | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 |
| MEMBER | SHERRY BLACK | 800 WEST BANKSIDE DRIVE | EAGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: ID W 155295 | | 6. Annual Report must be signed.* Signature: Sherry Black Name (type or print): Sherry Black | | Date: 08/23/2017 Title: Member | | |
| Processed 08/23/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |