

|  |             |   |              |  |                     |
|--|-------------|---|--------------|--|---------------------|
| No. <b>W 33381</b>   |             | <b>Due no later than Sep 30, 2010</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>1. Mailing Address: Correct in this box if needed.</b><br>NETWORK FOR INDEPENDENCE LIMITED LIABILITY COMPANY<br>KAREN MEADS<br>450 S SECOND E<br>SODA SPRINGS ID 83276 |              | KAREN MEADS<br>450 S SECOND E<br>SODA SPRINGS ID 83276 |                     |
|  |             |   |              | 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 |
| MANAGER  | KAREN MEADS | 450 S SECOND E  | SODA SPRINGS | ID   | USA 83276           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 33381</b>   |             | 6. Annual Report must be signed.*<br>Signature: Karen Meads<br>Name (type or print): Karen Meads<br>Date: 10/06/2010<br>Title: Manager                                    |              |  |                     |
| Processed 10/06/2010   |             | * Electronically provided signatures are accepted as original signatures.   |              |  |                     |