

|  |             |  |        |  |         |                  |  |
|--|-------------|--|--------|--|---------|------------------|--|
| No. <b>W 102890</b>  |             | <b>Due no later than Apr 30, 2017</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><br>PETE RUST CONSULTING LLC<br>PETE RUST<br>18224 W HOLIDAY WAY<br>HAUSER ID 83854 |        | UNITED STATES CORPORATION AGEN<br>800 W MAIN ST STE 1460<br>BOISE ID 83702 |         |                  |  |
|  |             |  |        | 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   | PETE J RUST | 18224 W HOLIDAY WAY  | HAUSER | ID   | USA     | 83854            |  |
| 5. Organized Under the Laws of:  |             | 6. Annual Report must be signed.*  |        |  |         |                  |  |
| <b>ID<br/>W 102890</b>   |             | Signature: Pete Rust   |        |  |         | Date: 03/20/2017 |  |
|  |             | Name (type or print): Pete Rust  |        |  |         | Title: owner     |  |
| Processed 03/20/2017   |             | * Electronically provided signatures are accepted as original signatures.  |        |  |         |                  |  |