

|                                                                                                                                                        |                |                                                                                                                                                      |         |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 73146</b>                                                                                                                                     |                | <b>Due no later than Apr 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><br>AKIDA ENTERPRISES, LLC<br>KRISTIN NELSON<br>4491 CEDAR BUTTE RD<br>REXBURG ID 83440 |         | KRISTIN NELSON<br>4491 CEDAR BUTTE RD<br>REXBURG ID 83440 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                      |         | 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                                                                                                                                                 | KRISTIN NELSON | 4491 CEDAR BUTTE RD                                                                                                                                  | REXBURG | ID                                                        | USA     | 83440       |  |
| MEMBER                                                                                                                                                 | DARRIN NELSON  | 4491 CEDAR BUTTE RD                                                                                                                                  | REXBURG | ID                                                        | USA     | 83440       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 73146</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Kristin Nelson<br>Name (type or print): Kristin Nelson                                               |         |                                                           |         |             |  |
|                                                                                                                                                        |                | Date: 04/29/2010<br>Title: President                                                                                                                 |         |                                                           |         |             |  |
| Processed 04/29/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                            |         |                                                           |         |             |  |