

|  |               |   |       |   |         |                  |  |
|--|---------------|---|-------|---|---------|------------------|--|
| No. <b>W 109966</b>  |               | <b>Due no later than Jan 31, 2013</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>TREASURE VALLEY PERSONAL INJURY LAW FIRM, PLLC<br>(THE)<br>CLARE THIBEAU<br>1004 W FORT ST<br>BOISE ID 83702 |       | JEREMIAH HUDSON<br>1004 W FORT ST<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   | VAUGHN FISHER | 1004 W. FORT ST.  | BOISE | ID  | USA     | 83702            |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*   |       |   |         |                  |  |
| <b>ID<br/>W 109966</b>   |               | Signature: Vaughn Fisher  |       |   |         | Date: 11/08/2012 |  |
|  |               | Name (type or print): Vaughn Fisher   |       |   |         | Title: Member    |  |
| Processed 11/08/2012   |               | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                  |  |