

|                                                                                                                                                        |                |                                                                                                                                             |        |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------|---------|------------------|--|
| No. <b>C 158250</b>                                                                                                                                    |                | <b>Due no later than Jan 31, 2018</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>MARKETSPARK, INC.<br>LAURIE RIDER<br>PO BOX 4188<br>MCCALL ID 83638<br>USA |        | LAURIE RIDER<br>661 KOSKI DRIVE<br>MCCALL ID 83638-8363 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                             |        | 3. <u>New</u> Registered Agent Signature:*              |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                             |        |                                                         |         |                  |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                        | City   | State                                                   | Country | Postal Code      |  |
| PRESIDENT                                                                                                                                              | LAURIE C RIDER | PO                                                                                                                                          | MCCALL | ID                                                      | USA     | 83638            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                           |        |                                                         |         |                  |  |
| <b>ID<br/>C 158250</b>                                                                                                                                 |                | Signature: Laurie Rider                                                                                                                     |        |                                                         |         | Date: 11/29/2017 |  |
|                                                                                                                                                        |                | Name (type or print): Laurie Rider                                                                                                          |        |                                                         |         | Title: President |  |
| Processed 11/29/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                   |        |                                                         |         |                  |  |