

|                                                                                                                                                        |                |                                                                                                                                                                     |       |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 62741</b>                                                                                                                                     |                | <b>Due no later than May 31, 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>CARDINAL POINT CONSULTING, LLC<br>DWAYNE SPEEGLE<br>239 W. COBBLESTONE CT<br>EAGLE ID 83616<br>USA |       | DWAYNE SPEEGLE<br>239 W. COBBLESTONE CT<br>EAGLE ID 83616 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                     |       | 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                                                                                                                                                | DWAYNE SPEEGLE | 239 W. COBBLESTONE CT                                                                                                                                               | EAGLE | ID                                                        | USA     | 83616       |  |
| MEMBER                                                                                                                                                 | ALYCE HILLMAN  | 4645 S LIPPIZAN                                                                                                                                                     | BOISE | ID                                                        | USA     | 83709       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 62741</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Dwayne Speegle<br>Name (type or print): Dwayne Speegle                                                              |       |                                                           |         |             |  |
|                                                                                                                                                        |                | Date: 06/10/2010<br>Title: Manager                                                                                                                                  |       |                                                           |         |             |  |
| Processed 06/10/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                           |       |                                                           |         |             |  |