

|  |              |   |       |   |         |                  |  |
|--|--------------|---|-------|---|---------|------------------|--|
| No. <b>W 93122</b>   |              | <b>Due no later than May 31, 2015</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>INNERVOICE GROUP, LLC<br>151 N LOST CANYON WAY<br>EAGLE ID 83616 |       | ERRIKA SAXEY<br>151 N LOST CANYON WAY<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      |  |
| MEMBER   | ERRIKA SAXEY | 317 E KITE DR   | EAGLE | ID  | USA     | 83616            |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*   |       |   |         |                  |  |
| <b>ID<br/>W 93122</b>  |              | Signature: Errika   |       |   |         | Date: 06/03/2015 |  |
|  |              | Name (type or print): Errika  |       |   |         | Title: Saxey     |  |
| Processed 06/03/2015   |              | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                  |  |