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| No. W 78800 | | Due no later than Oct 31, 2012 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EAGLE MEDIATION SERVICES, LLC JOY SHAFFER 1615 N TRELLIS PL EAGLE ID 83616 USA | | JOY SHAFFER 1615 N TRELLIS PL EAGLE ID 83616 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name JOY L SHAFFER | Street or PO Address 1615 N TRELLIS PL | | City EAGLE | State ID | Country USA | Postal Code 83616-6610 |
| 5. Organized Under the Laws of: ID W 78800 | | 6. Annual Report must be signed.* Signature: Joy Shaffer Name (type or print): Joy Shaffer Date: 08/14/2012 Title: Manager | | | | | |
| Processed 08/14/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | |