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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 110472</b>                                                                                                                                    |                     | <b>Due no later than Jan 31, 2016</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>TYNI MEDIA LLC<br>KRISTOPHER L FOSTER<br>1057 E EXCHANGE ST<br>BOISE ID 83705 |       | KRISTOPHER L FOSTER<br>1057 E EXCHANGE ST<br>BOISE ID 83705 |         |                  |  |
|                                                                                                                                                        |                     |                                                                                                                                                |       | 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                                                                                                                                                | KRISTOPHER L FOSTER | 1057 E EXCHANGE ST                                                                                                                             | BOISE | ID                                                          | USA     | 83705            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                              |       |                                                             |         |                  |  |
| <b>ID<br/>W 110472</b>                                                                                                                                 |                     | Signature: Kristopher Foster                                                                                                                   |       |                                                             |         | Date: 02/26/2016 |  |
|                                                                                                                                                        |                     | Name (type or print): Kristopher Foster                                                                                                        |       |                                                             |         | Title: Manager   |  |
| Processed 02/26/2016                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                             |         |                  |  |