

|  |                 |   |           |  |         |             |  |
|--|-----------------|---|-----------|--|---------|-------------|--|
| No. <b>W 76737</b>   |                 | <b>Due no later than Aug 31, 2012</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>TECH ZONE COMMUNICATIONS, LLC<br>KIMBERLY ANDRUS<br>86 S STOUT<br>BLACKFOOT ID 83221 |           | LAMBERT ANDRUS<br>86 S STOUT<br>BLACKFOOT ID 83221 |         |             |  |
|  |                 |   |           | 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   | LAMBERT ANDRUS  | 86 S STOUT  | BLACKFOOT | ID   | USA     | 83221       |  |
| MEMBER   | KIMBERLY ANDRUS | 86 S STOUT  | BLACKFOOT | ID   | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 76737</b>   |                 | 6. Annual Report must be signed.*<br>Signature: Kimberly Andrus<br>Name (type or print): Kimberly Andrus  |           |  |         |             |  |
|  |                 | Date: 08/04/2012<br>Title: Manager  |           |  |         |             |  |
| Processed 08/04/2012   |                 | * Electronically provided signatures are accepted as original signatures.   |           |  |         |             |  |