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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------|---------------------|
| No. <b>W 155203</b>                                                                                                                                    |                | <b>Due no later than Aug 31, 2017</b>                                                                                                                                                       |       | <b>2. Registered Agent and Address (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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>GEM STATE ANALYTICS, LLC<br>SARA<br>13601 W MCMILLAN RD<br>STE #102-168<br>BOISE ID 83713 |       | REGISTERED AGENTS INC<br>784 S CLEARWATER LOOP STE R<br>POST FALLS ID 83854 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                             |       | 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                                                                                                                                                 | SARAH E MURPHY | 13601 W. MCMILLAN RD STE #102-168                                                                                                                                                           | BOISE | ID                                                                          | USA 83713           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 155203</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Sarah E. Murphy<br>Name (type or print): Sarah E. Murphy<br>Date: 08/19/2017<br>Title: Member                                               |       |                                                                             |                     |
| Processed 08/19/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                   |       |                                                                             |                     |