

No. W 73290	Due no later than April 30, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		MICHAEL MCCABE 372 S EAGLE RD STE 378 EAGLE, ID 83616													
	MERIDIAN HUB, LLC ATTN: MICHAEL MCCABE 372 S EAGLE RD STE 378 EAGLE, ID 83616		3. New Registered Agent Signature 													
4. Limited Liability Companies: Enter Names and Addresses of Managers.																
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>MIKE MCCABE</td> <td>372 S. EAGLE RD</td> <td>EAGLE</td> <td>ID</td> <td>83616</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER	MIKE MCCABE	372 S. EAGLE RD	EAGLE	ID	83616
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MANAGER	MIKE MCCABE	372 S. EAGLE RD	EAGLE	ID	83616											
5. Organized Under the Laws of: IDAHO W 73290		6. Signature  Name (Typed or Printed) <u>MIKE MCCABE</u>			Date <u>2/10/09</u> Title <u>MANAGER</u>											