No. C 193523		Annual Report Form 1. Mailing Address: Correct in this box if needed. NEXMATRIX TELECOM, INC. DIANNE E URSINI 1305 2ND ST S STE B109		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1305 2ND S NAMPA ID	DIANNE E URSINI 1305 2ND ST S STE B109 NAMPA ID 83651 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin		ess Addresses of President Secret	ary, and Directors. Treasure	er (optional)				
Office Held	Name		or PO Address	City	State	Country	Postal Code	
DIRECTOR	IRECTOR DIANNE URSINI		ID ST S STE B109	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dianne Ursini		Date: 11/20/2013				
C 193523		Name (type or print): Dianne U	Title: President					
* Electronically provided signatures are accepted as original signatures.								