

No. W 98949		Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PYRAMID EDUCATIONAL CONSULTING, LLC CODY OREN CLAVER 1060 WASHBURN AVE IDAHO FALLS ID 83402		CODY OREN CLAVER 1060 WASHBURN AVE IDAHO FALLS 83402			
				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	CODY OREN CLAVER	2972 W. LOST RAPIDS DRIVE	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 98949		Signature: Cody Oren Claver				Date: 10/16/2014	
		Name (type or print): Cody Oren Claver				Title: President	
Processed 10/16/2014		* Electronically provided signatures are accepted as original signatures.					