

|  |                    |  |         |   |         |                  |  |
|--|--------------------|--|---------|---|---------|------------------|--|
| No. <b>W 116459</b>  |                    | <b>Due no later than Aug 31, 2018</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>IDAHO SOCIAL LEARNING CENTER LLC<br>JAIME ANNE RIVETTS<br>PO BOX 6083<br>KETCHUM ID 83340 |         | JAIME RIVETTS<br>607 WOOD RIVER DRIVE<br>KETCHUM ID 83340 |         |                  |  |
|  |                    |  |         | 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  | JAIME ANNE RIVETTS | 220 SOUTH 2ND AVE SUITE 201  | KETCHUM | ID  | USA     | 83340            |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |         |   |         |                  |  |
| <b>ID<br/>W 116459</b>   |                    | Signature: Jaime Rivetts   |         |   |         | Date: 08/24/2018 |  |
|  |                    | Name (type or print): Jaime Rivetts  |         |   |         | Title: Manager   |  |
| Processed 08/24/2018   |                    | * Electronically provided signatures are accepted as original signatures.  |         |   |         |                  |  |