No. W 88191	Due no later than Nov 30, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. CONFLUENCE ANALYTICS LLC WILLIAM ALEXANDER 223 N 6TH ST STE 415		222 N CTU	WILLIAM ALEXANDER 223 N 6TH ST STE 415 BOISE ID 83702			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE ID				
	BOISE ID 83702		3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER WILLIAM ALEXANDER 223 N. 6TH ST STE 415		BOISE	ID	USA	83702		
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: William Alexander			Date: 09/12/2011			
W 88191	Name (type or print): William Alexander			Title: Principal			
Processed 09/12/2011	* Electronically provided signatures are accepted as original signatures.						