

|                                                                                                                                                        |                 |                                                                                                                                             |          |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 63237</b>                                                                                                                                     |                 | <b>Due no later than Jun 30, 2016</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><br>PSI GROUP, LLC<br>CRAIG A NOWASKI<br>670 W. ASHBY DR.<br>MERIDIAN ID 83646 |          | CRAIG NOWASKI<br>670 W ASHBY<br>MERIDIAN ID 83646  |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                             |          | 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 |  |
| MEMBER                                                                                                                                                 | CRAIG A NOWASKI | 670 W. ASHBY DR.                                                                                                                            | MERIDIAN | ID                                                 | USA     | 83646       |  |
| MEMBER                                                                                                                                                 | JUDY D NOWASKI  | 670 W. ASHBY DR.,                                                                                                                           | MERIDIAN | ID                                                 | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 63237</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Craig A. Nowaski<br>Name (type or print): Craig A. Nowaski                                  |          |                                                    |         |             |  |
|                                                                                                                                                        |                 | Date: 05/05/2016<br>Title: Member                                                                                                           |          |                                                    |         |             |  |
| Processed 05/05/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                   |          |                                                    |         |             |  |