

No. C 160410	Due no later than May 31, 2015 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		INCorp SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705			
	NETWORK SERVICE BILLING, INC. KENNY PERKINS 3075 BRECKINRIDGE BLVD SUITE 425 DULUTH GA 30096 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	PETER LAGERGREN	7251 WEST LAKE MEAD BOULEVARD SUITE 300	LAS VEGAS	NV	USA	89128
SECRETARY	PETER LAGERGREN	7251 WEST LAKE MEAD BOULEVARD SUITE 300	LAS VEGAS	NV	USA	89128
DIRECTOR	PETER LAGERGREN	7251 WEST LAKE MEAD BOULEVARD SUITE 300	LAS VEGAS	NV	USA	89128
5. Organized Under the Laws of: NV C 160410	6. Annual Report must be signed.* Signature: Kenny Perkins Name (type or print): Kenny Perkins		Date: 04/27/2015 Title: Account Manager			
Processed 04/27/2015		* Electronically provided signatures are accepted as original signatures.				