| No. <b>W 59565</b>   |      | Due no later than Feb 29, 2016   |                      | 2. Registered    | 2. Registered Agent and Address (NO PO BOX)                             |         |             |  |
|--|------|--|----------------------|------------------|---|---------|-------------|--|
| Return to:   |      | Annual Report Form   |                      | CHRISTOP         | CHRISTOPHER A CAMPBELL  |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |      | 1. Mailing Address: Correct in this box if needed.  ROCKY MOUNTAIN SAFETY CONSULTANTS LLC CHRISTOPHER A CAMPBELL 2448 S YANKEE PL BOISE ID 83709 |                      | BOISE ID         | 2448 S YANKEE PL<br>BOISE ID 83709  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |      |  |                      |                  |   |         |             |  |
| 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 CHRISTOPHER  |      | ER A CAMPBELL  | 2448 S YANKEE PL     | BOISE            | ID  |         | 83709       |  |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*  |                      |                  |   |         |             |  |
| ID<br>W 59565  |      | Signature: Christop  |                      | Date: 02/07/2016 |   |         |             |  |
|  |      | Name (type or prin   |                      | Title: CEO       |   |         |             |  |
| Processed 02/07/2016 * Electronically provided signatures are accepted as original signatures. |      |  |                      |                  |   |         |             |  |