

|                                                                                                                                                        |             |                                                                                                                                       |             |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 143710</b>                                                                                                                                    |             | <b>Due no later than Oct 31, 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>MORGAN DEVELOPMENT CONSULTING LLC<br>PO BOX 1604<br>IDAHO FALLS ID 83403 |             | MATT MORGAN<br>5145 S HEYREND DR<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                       |             | 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                                                                                                                                                 | MATT MORGAN | PO BOX 1604                                                                                                                           | IDAHO FALLS | ID                                                       | USA     | 83403       |  |
| 5. Organized Under the Laws of:<br><b>ID</b><br><b>W 143710</b>                                                                                        |             | 6. Annual Report must be signed.*<br>Signature: Matt Morgan<br>Name (type or print): Matt Morgan                                      |             |                                                          |         |             |  |
|                                                                                                                                                        |             | Date: 09/16/2016<br>Title: Member                                                                                                     |             |                                                          |         |             |  |
| Processed 09/16/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                             |             |                                                          |         |             |  |