

|                                                                                                                                                        |                       |                                                                                                      |       |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 57598</b>                                                                                                                                     |                       | <b>Due no later than Dec 31, 2014</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>Annual Report Form</b>                                                                            |       | THOMAS C WOODWARD<br>5271 E SAGEWOOD DR<br>BOISE 83716 |         |                  |  |
|                                                                                                                                                        |                       | <b>1. Mailing Address: Correct in this box if needed.</b>                                            |       | 3. <u>New</u> Registered Agent Signature:*             |         |                  |  |
|                                                                                                                                                        |                       | IMPACT BUSINESS DEVELOPMENT, LLC<br>THOMAS C WOODWARD<br>5271 E SAGEWOOD DR<br>BOISE ID 83716<br>USA |       |                                                        |         |                  |  |
| 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                                                                                                                                                 | THOMAS C WOODWARD     | 5271 E SAGEWOOD DR                                                                                   | BOISE | ID                                                     |         | 83716            |  |
| MEMBER                                                                                                                                                 | MARGARET ANN WOODWARD | 5271 E SAGEWOOD DR                                                                                   | BOISE | ID                                                     | USA     | 83716            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                       | 6. Annual Report must be signed.*                                                                    |       |                                                        |         |                  |  |
| <b>ID<br/>W 57598</b>                                                                                                                                  |                       | Signature: Thomas C. Woodward                                                                        |       |                                                        |         | Date: 10/30/2014 |  |
|                                                                                                                                                        |                       | Name (type or print): Thomas C. Woodward                                                             |       |                                                        |         | Title: Member    |  |
| Processed 10/30/2014                                                                                                                                   |                       | * Electronically provided signatures are accepted as original signatures.                            |       |                                                        |         |                  |  |