

|  |                |  |       |   |         |                  |  |
|--|----------------|--|-------|---|---------|------------------|--|
| No. <b>W 44211</b>   |                | <b>Due no later than Nov 30, 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>1. Mailing Address: Correct in this box if needed.</b><br>JULIE MOONEY CONSULTING LLC<br>JULIE O MOONEY<br>750 W. SHERINGTON DR.<br>EAGLE ID 83616<br>USA |       | JULIE MOONEY<br>750 W. SHERINGTON DR.<br>EAGLE 83616-7160 |         |                  |  |
|  |                |  |       | 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      |  |
| MANAGER  | JULIE O MOONEY | 750 W. SHERINGTON DR.  | EAGLE | ID  | USA     | 83616            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 44211</b>  |                | Signature: Julie O. Mooney   |       |   |         | Date: 10/30/2014 |  |
|  |                | Name (type or print): Julie O. Mooney  |       |   |         | Title: Manager   |  |
| Processed 10/30/2014   |                | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |