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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|---------------------|
| No. <b>W 15882</b>                                                                                                                                     |              | <b>Due no later than Jul 31, 2017</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>                                                                                                                                               |            | STEVEN ADAMS<br>5 E. 2ND NORTH<br>SUGAR CITY ID 83448 |                     |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>EDUCATIONAL LEADERSHIP AND MANAGEMENT SERVICES<br>LLC<br>STEVEN ADAMS<br>PO BOX 511<br>SUGAR CITY ID 83448 |            | 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                                                                                                                                                | STEVEN ADAMS | 5 E. 2ND NORTH                                                                                                                                                          | SUGAR CITY | ID                                                    | 83448               |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                       |            |                                                       |                     |
| <b>ID<br/>W 15882</b>                                                                                                                                  |              | Signature: Steven Adams                                                                                                                                                 |            | Date: 05/30/2017                                      |                     |
|                                                                                                                                                        |              | Name (type or print): Steven Adams                                                                                                                                      |            | Title: Manager                                        |                     |
| Processed 05/30/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                               |            |                                                       |                     |