| No. W 161670 | | Due no later than Feb 28, 2017 Annual Report Form | | Registered Agent and Address (NO PO BOX) KELLIE ALYSE GLOCK | | | |
|--|-----------------|---|------------------|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if nee GLOCK TALK, LLC GLOCK TALK, LLC 434 W HALLIDAY ST POCATELLO ID 83204 | ded. | 434 W HALLIDAY ST POCATELLO ID 83204-8320 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresses of at least one Member or Manage | r. | | | | |
| Office Held | Name | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER KELLIE A GL | | OCK 434 W HALLIDAY ST. | | POCATELLO | ID | USA | 83204 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Kellie Alyse Glock | Date: 03/19/2017 | | | | |
| W 161670 | | Name (type or print): Kellie Alyse Glock | | Title: MS CCC SLP | | | |
| Processed 03/19/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |