

|                                                                                                                                                        |            |                                                                                                                                                             |        |                                                                |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 100150</b>                                                                                                                                    |            | <b>Due no later than Feb 28, 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>MOSCOW ACOUSTIC & SPECIALTIES, LLC<br>MIKE A PAZ<br>3880 MOSCOW MOUNTAIN RD<br>MOSCOW ID 83843 |        | MIKE ANTHONY PAZ<br>3880 MOSCOW MOUNTAIN RD<br>MOSCOW ID 83843 |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                                             |        | 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                                                                                                                                                | MIKE A PAZ | 3880 MOSCOW MTN RD                                                                                                                                          | MOSCOW | ID                                                             | USA     | 83843            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                                           |        |                                                                |         |                  |  |
| <b>ID<br/>W 100150</b>                                                                                                                                 |            | Signature: Mike Paz                                                                                                                                         |        |                                                                |         | Date: 12/19/2013 |  |
|                                                                                                                                                        |            | Name (type or print): Mike Paz                                                                                                                              |        |                                                                |         | Title: Owner     |  |
| Processed 12/19/2013                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                   |        |                                                                |         |                  |  |