

|  |                      |   |       |  |         |             |  |
|--|----------------------|---|-------|--|---------|-------------|--|
| No. <b>W 134339</b>  |                      | <b>Due no later than Feb 28, 2015</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><br>HI-RATE SYSTEMS LLC<br>SUSAN Hansen<br>24047 BATT CORNER RD<br>PARMA ID 83660<br>USA |       | SUSAN HANSEN<br>24047 BATT CORNER RD<br>PARMA 83660-8366 |         |             |  |
|  |                      |   |       | 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 |  |
| MEMBER   | SUSAN ANNETTE HANSEN | 24047 BATT CORNER RD.   | PARMA | ID   | USA     | 83660       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 134339</b>  |                      | 6. Annual Report must be signed.*<br>Signature: Susan Hansen<br>Name (type or print): Susan Hansen<br>Date: 02/20/2015<br>Title: Owner                |       |  |         |             |  |
| Processed 02/20/2015   |                      | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |