| No. W 25059 | | Due no later than Jul 31, 2012 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------|---|----------------------|-----------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SCREAM TECHNOLOGIES LLC BRIAN DENKER 408 W. IDAHO BOSES TO ADECOME. | | | BRIAN N DENKER 4859 ARROWCREST WAY BOISE ID 83703 3. New Registered Agent Signature:* | | | |
| | | | | BOISE ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | BOISE ID 83702 | | 3. <u>New</u> Registi | 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 BRIAN N DENKER | | ENKER | 4859 ARROWCREST WAY | BOISE | ID | USA | 83703 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Brian Denker | | | Date: 05/08/2012 | | | |
| W 25059 | | Name (type or print): Brian Denker | | | Title: Member | | | |
| rocessed 05/08/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |