

|  |              |  |               |  |         |             |  |
|--|--------------|--|---------------|--|---------|-------------|--|
| No. <b>W 134367</b>  |              | <b>Due no later than Feb 28, 2017</b><br><b>Annual Report Form</b>   |               | 2. Registered Agent and Address ( <b>NO PO BOX</b> )                       |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>AMADOR EDUCATION CONSULTING AND DEVELOPMENT LLC<br>AMADOR<br>333 W VISTA DR<br>COEUR D ALENE ID 83815 |               | UNITED STATES CORPORATION AGEN<br>800 W MAIN ST STE 1460<br>BOISE ID 83702 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |              |  |               | 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   | JULIE AMADOR | 333 W VISTA DRIVE  | COEUR D ALENE | ID   | USA     | 83815       |  |
| MEMBER   | PAUL AMADOR  | 333 W VISTA DRIVE  | COEUR D ALENE | ID   | USA     | 83815       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 134367</b>                                |              | 6. Annual Report must be signed.*<br><br>Signature: Julie Amador<br>Name (type or print): Julie Amador   |               |  |         |             |  |
|  |              | Date: 02/08/2017<br>Title: Owner   |               |  |         |             |  |
| Processed 02/08/2017 * Electronically provided signatures are accepted as original signatures.     |              |  |               |  |         |             |  |