| No. W 47860 | | Due no later than Feb 28, 2014 | | 2. Registered Ag | 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. SOUND ADVICE HEARING, LLC G L ANDERSON 3270 EAST 17TH STREET #225 IDAHO FALLS ID 83406 USA | | | G L ANDERSON 3270 EAST 17TH STREET #225 | | | |
| | | | | IDAHO FALLS ID 83406 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | oanies: Enter Na | mes and Addresses of | f at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER G L ANDERSON | | SON | 3270 EAST 17TH STREET #225 | IDAHO FALLS | ID | USA | 83406 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 47860 | | Signature: G L Anderson | | Date: 02/22/2014 | | | | |
| | | Name (type or print): G L Anderson | | Title: Manager | | | | |
| Processed 02/22/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |