

No. W 164999		Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. I4EYE LLC NATHAN WELCH 1345 MOUNTAIN VIEW DR TWIN FALLS ID 83301		NATHAN WELCH 1345 MOUNTAIN VIEW DR TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	NATHAN WELCH	1345 MOUNTAIN VIEW DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 164999		6. Annual Report must be signed.* Signature: Nathan Welch Name (type or print): Nathan Welch					
		Date: 03/25/2017 Title: Agent					
Processed 03/25/2017 * Electronically provided signatures are accepted as original signatures.							