

|                                                                                                                                                        |               |                                                                                                                                                             |       |                                                                 |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 88847</b>                                                                                                                                     |               | <b>Due no later than Dec 31, 2012</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>IDE CONSULTING GROUP, LLC<br>MICHAEL A IDE<br>2947 E EASTGATE DR<br>BOISE ID 83716-6801<br>USA |       | MICHAEL ANDREW IDE<br>2947 E EASTGATE DR<br>BOISE ID 83716-6801 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                             |       | 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      |  |
| MANAGER                                                                                                                                                | MICHAEL A IDE | 2947 E. EASTGATE DR.                                                                                                                                        | BOISE | ID                                                              | USA     | 83716-6801       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                           |       |                                                                 |         |                  |  |
| <b>ID<br/>W 88847</b>                                                                                                                                  |               | Signature: Michael A Ide                                                                                                                                    |       |                                                                 |         | Date: 11/19/2012 |  |
|                                                                                                                                                        |               | Name (type or print): Michael A Ide                                                                                                                         |       |                                                                 |         | Title: Owner     |  |
| Processed 11/19/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                   |       |                                                                 |         |                  |  |