

No. W 115857	Due no later than Jul 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		BROOKE OLER 2041 STADIUM BLVD TWIN FALLS ID 83301			
	CRIBIFORM PLEXUS LLC BROOKE OLER 2041 STADIUM BLVD TWIN FALLS ID 83301		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	ELIZA OLER	2041 STADIUM BLVD	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 115857		6. Annual Report must be signed.* Signature: brooke oler Name (type or print): brooke oler		Date: 08/14/2016 Title: agent		
Processed 08/14/2016		* Electronically provided signatures are accepted as original signatures.				