

|                                                                                                                                                        |            |                                                                                                                                                         |       |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 86771</b>                                                                                                                                     |            | <b>Due no later than Sep 30, 2018</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><br>TURNER CONSULTING LLC<br>ROB TURNER<br>5147 S BARBER STATION WY<br>BOISE ID 83716-8640 |       | ROB TURNER<br>5147 S BARBER STATION WY<br>BOISE ID 83716-8640 |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                                         |       | 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                                                                                                                                                | ROB TURNER | 5147 S BARBER STATION WY                                                                                                                                | BOISE | ID                                                            | USA     | 83716            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                                       |       |                                                               |         |                  |  |
| <b>ID<br/>W 86771</b>                                                                                                                                  |            | Signature: Rob Turner                                                                                                                                   |       |                                                               |         | Date: 07/30/2018 |  |
|                                                                                                                                                        |            | Name (type or print): Rob Turner                                                                                                                        |       |                                                               |         | Title: pres      |  |
| Processed 07/30/2018                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                               |       |                                                               |         |                  |  |