| No. <b>C 193125</b>  |                     | Due no later than Dec 31, 2015   |                                       | 2. Registered    | 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 |                     | Annual Report Form   |                                       | 24.66 PILIE      | STEVE HODGES 2166 BLUESTEM LANE BOISE ID 83706  3. New Registered Agent Signature:* |         |             |  |
|  |                     | 1. Mailing Address: Correct in this box if needed.  NCITE, INC  STEVE HODGES  2166 BLUESTEM LANE  BOISE ID 83706 |                                       | BOISE ID         |   |         |             |  |
|  |                     |  |                                       |                  |   |         |             |  |
| 4. Corporations: Enter   | r Names and Busir   | ess Addresses of Presi   | dent, Secretary, and Directors. Treas | urer (optional). |   |         |             |  |
| Office Held  | Name                |  | Street or PO Address                  | City             | State   | Country | Postal Code |  |
| PRESIDENT  | SIDENT STEVE HODGES |  | 2166 E. BLUESTEM LANE                 | BOISE            | ID  | USA     | 83706       |  |
| DIRECTOR   | RECTOR STEVE HODGES |  | 2166 E. BLUESTEM LANE                 | BOISE            | ID  | USA     | 83706       |  |
| SECRETARY  | RETARY STEVE HODGES |  | 2166 E. BLUESTEM LANE                 | BOISE            | ID  | USA     | 83706       |  |
| 5. Organized Under the Laws of:  |                     | 6. Annual Report mus   |                                       |                  |   |         |             |  |
| ID<br>C 193125   |                     | Signature: Steve Hodges  |                                       |                  | Date: 10/21/2015  |         |             |  |
|  |                     | Name (type or prin   |                                       | Title: president |   |         |             |  |
| Processed 10/21/2015   | 5                   | * Electronically provide   | ed signatures are accepted as origina | l signatures.    | _   |         |             |  |