| No. W 153618 Return to: | | Due no later than Jul 31, 2018 Annual Report Form | | Registered Agent and Address (NO PO BOX) KELLY FISHER | | | | |
|------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------|------------------|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. FISHER SOLUTIONS LLC KELLY FISHER 7157 E RANCH VISTA DR UNIT 2010 | | 178 PLANTATION LANE IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | SCOTTSDALE AZ 85251 USA | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | mes and Addresses of at I | least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | IBER KELLY C FISHER | | 7157 E RANCHO VISTA DR UNIT 201 | .0 SCOTTSDALE | AZ | USA | 85251 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Kelly Fisher | | | Date: 08/19/2018 | | | |
| W 153618 | | Name (type or print): Kelly Fisher | | Title: Owner | | | | |
| Processed 08/19/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |