

No. W 84812	Due no later than Jun 30, 2018 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. VELOCIMAX WIRELESS LLC TIMOTHY PLASS PO BOX 1009 MERRILL OR 97633 USA		TIMOTHY M PLASS 5853 E. POLELINE AVENUE POST FALLS ID 83854			
			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	TIMOTHY M PLASS	PO BOX 1009	MERRILL	OR	USA	97633
MEMBER	JULIA A PLASS	PO BOX 1009	MERRILL	OR	USA	97633
5. Organized Under the Laws of: ID W 84812	6. Annual Report must be signed.* Signature: Timothy Plass Name (type or print): Timothy Plass		Date: 06/04/2018 Title: Manager			
Processed 06/04/2018		* Electronically provided signatures are accepted as original signatures.				