No. W 80389 Return to:		Due no later than Jan 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX) NATE BONDELID 451 MAIN AVE E TWIN FALLS ID 83303 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ONE WAVE NETWORKS L.L.C. NATE BONDELID 451 MAIN AVE E TWIN FALLS ID 83301	451 MAIN AV TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER NATE BONDE		ELID 460 MAIN AVE S	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Nate Bondelid		Date: 11/25/2013			
W 80389		Name (type or print): Nate Bondelid		Title: Member			
Processed 11/25/2013	rocessed 11/25/2013 * Electronically provided signatures are accepted as original signatures.						