

|                                                                                                                                                        |                  |                                                                                                                                                 |            |                                                                  |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 116661</b>                                                                                                                                    |                  | <b>Due no later than Aug 31, 2017</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>NERDS, LLC<br>STACEY D JOHNSON<br>1454 NORTHERN PINE DR<br>TWIN FALLS ID 83301 |            | STACEY D JOHNSON<br>1454 NORTHERN PINE DR<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                 |            | 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                                                                                                                                                | STACEY D JOHNSON | 1454 NORTHERN PINE DRIVE                                                                                                                        | TWIN FALLS | ID                                                               | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                               |            |                                                                  |         |                  |  |
| <b>ID<br/>W 116661</b>                                                                                                                                 |                  | Signature: Stacey Johnson                                                                                                                       |            |                                                                  |         | Date: 07/22/2017 |  |
|                                                                                                                                                        |                  | Name (type or print): Stacey Johnson                                                                                                            |            |                                                                  |         | Title: Manager   |  |
| Processed 07/22/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                       |            |                                                                  |         |                  |  |