

|                                                                                                                                                        |             |                                                                                                                                                             |             |                                                     |                                      |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|--------------------------------------|-------------|--|
| No. <b>C 192582</b>                                                                                                                                    |             | <b>Due no later than Oct 31, 2014</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>THETA MANAGEMENT CORPORATION<br>TIM JENKINS<br>3911 N 5TH E<br>IDAHO FALLS ID 83401<br>USA |             | TIM JENKINS<br>3911 N 5TH E<br>IDAHO FALLS ID 83401 |                                      |             |  |
|                                                                                                                                                        |             |                                                                                                                                                             |             | 3. <u>New</u> Registered Agent Signature: *         |                                      |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |             |                                                                                                                                                             |             |                                                     |                                      |             |  |
| Office Held                                                                                                                                            | Name        | Street or PO Address                                                                                                                                        | City        | State                                               | Country                              | Postal Code |  |
| PRESIDENT                                                                                                                                              | TIM JENKINS | 3911 N 5TH E                                                                                                                                                | IDAHO FALLS | ID                                                  | USA                                  | 83401       |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed. *                                                                                                                          |             |                                                     |                                      |             |  |
| <b>ID<br/>C 192582</b>                                                                                                                                 |             | Signature: Tim Jenkins<br>Name (type or print): Tim Jenkins                                                                                                 |             |                                                     | Date: 09/22/2014<br>Title: President |             |  |
| Processed 09/22/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                   |             |                                                     |                                      |             |  |