| No. <b>W 20764</b>   |      |   |                       | 2. Registered          | 2. Registered Agent and Address (NO PO BOX)   |         |             |  |
|--|------|---|-----------------------|------------------------|---|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  ACTION INFORMATION SYSTEMS, LLC  KELSON D O'NEIL  10252 W LOCKWOOD ST  BOISE ID 83709 |                       | 10252 W LO<br>BOISE ID | KELSON D O'NEIL 10252 W LOCKWOOD ST BOISE ID 83709  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |      | USA   |                       |                        |   |         |             |  |
| 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 KELSON D O   |      | D'NEIL  | 10252 W. LOCKWOOD ST. | BOISE                  | ID  | USA     | 83709       |  |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*   |                       |                        |   |         |             |  |
| ID<br>W 20764  |      | Signature: Kelson O'Neil  |                       |                        | Date: 07/17/2011  |         |             |  |
|  |      | Name (type or   |                       | Title: Manager         |   |         |             |  |
| Processed 07/17/2011 * Electronically provided signatures are accepted as original signatures. |      |   |                       |                        |   |         |             |  |