| No. W 108730 | Due no later than Dec 31, 2012 | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|--|---|--|-------|---------|-------------|
| Return to: | Annual Report Form | | JILL R FEELE | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. BEACON FOR LIGHTWORKERS, LLC JILL R FEELER 5777 S HORSESHOE PL BOISE ID 83716 | | 5777 S HORSESHOE PL BOISE ID 83716 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 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 |
| MEMBER JILL RENEE | FEELER 5777 S. HORSESHOE PLA | ACE | BOISE | ID | USA | 83716 |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: Jill Renee Feeler | Date: 01/14/2013 | | | | |
| W 108730 | Name (type or print): Jill Renee Feeler | Title: Owner | | | | |
| Processed 01/14/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | |