

|                                                                                                                                                        |              |                                                                                                                                              |        |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 124931</b>                                                                                                                                    |              | Due no later than May 31, 2018                                                                                                               |        | 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>PROTEUS CONSULTING, LLC<br>ALAN DAVIS<br>10323 N STRAHORN RD<br>HAYDEN ID 83835 |        | ALAN DAVIS<br>10323 N STRAHORN RD<br>HAYDEN ID 83835 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                              |        | 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                                                                                                                                                | ALAN D DAVIS | 10323 N STRAHORN RD                                                                                                                          | HAYDEN | ID                                                   | USA     | 83835       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 124931</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Alan Davis<br>Name (type or print): Alan Davis<br>Date: 04/02/2018<br>Title: Principal       |        |                                                      |         |             |  |
| Processed 04/02/2018                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                    |        |                                                      |         |             |  |