

|                                                                                                                                                        |                |                                                                                                                                                      |      |                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------|---------|------------------|--|
| No. <b>W 55437</b>                                                                                                                                     |                | <b>Due no later than Oct 31, 2012</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>MOUNTAIN POST-DIGITAL IMAGING LLC<br>ALDIS GARSVO<br>3610 W HUBBARD RD<br>KUNA ID 83634 |      | ALDIS E GARSVO<br>3610 W HUBBARD RD<br>KUNA ID 83634 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                      |      | 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                                                                                                                                                | ALDIS E GARSVO | 3610 W HUBBARD RD                                                                                                                                    | KUNA | ID                                                   | USA     | 83634            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                    |      |                                                      |         |                  |  |
| <b>ID<br/>W 55437</b>                                                                                                                                  |                | Signature: Aldis Garsvo                                                                                                                              |      |                                                      |         | Date: 09/13/2012 |  |
|                                                                                                                                                        |                | Name (type or print): Aldis Garsvo                                                                                                                   |      |                                                      |         | Title: Manager   |  |
| Processed 09/13/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                            |      |                                                      |         |                  |  |