

|  |                   |   |             |   |         |             |  |
|--|-------------------|---|-------------|---|---------|-------------|--|
| No. <b>W 118268</b>  |                   | <b>Due no later than Oct 31, 2017</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>JOSTEN MONTANA LLC<br>2742 SAINT CHARLES AVE<br>IDAHO FALLS ID 83404 |             | NICHOLAS E JOSTEN<br>2742 SAINT CHARLES AVE<br>IDAHO FALLS ID 83404 |         |             |  |
|  |                   |   |             | 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 |  |
| MEMBER   | NICHOLAS E JOSTEN | 2742 ST CHARLES AVE   | IDAHO FALLS | ID  | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>MT</b><br><b>W 118268</b>  |                   | 6. Annual Report must be signed.*<br>Signature: Nicholas E Josten<br>Name (type or print): Nicholas E Josten                          |             |   |         |             |  |
|  |                   | Date: 09/11/2017<br>Title: Member   |             |   |         |             |  |
| Processed 09/11/2017   |                   | * Electronically provided signatures are accepted as original signatures.   |             |   |         |             |  |