

No. W 81851		Due no later than Mar 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NEW WAVE CAPITAL, LLC MAXWELL A VAN LACK BOX 423 33877 MOONBEAM CT UNIT 1 BAYVIEW ID 83803 USA		MAXWELL AUSTIN VANLACK 33877 MOONBEAM CT #1 BAYVIEW ID 83803		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name MAXWELL A VAN LACK	Street or PO Address BOX 423 33877 MOONBEAM CT UNIT 1	City BAYVIEW	State ID	Country USA	Postal Code 83803
5. Organized Under the Laws of: ID W 81851		6. Annual Report must be signed.* Signature: MA van Lack Name (type or print): MA van Lack Date: 03/31/2010 Title: Manager				
Processed 03/31/2010 * Electronically provided signatures are accepted as original signatures.						