

| | | | | | | | |
|--|-----------------|--|----------|--|---------|-------------|--|
| No. W 143341 | | Due no later than Oct 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. TAYLORED SOLUTIONS, LLC 215 E CORNELL DR MERIDIAN ID 83646 | | JONATHAN TAYLOR 215 E CORNELL DR MERIDIAN ID 83646 | | | |
| | | | | 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 | JONATHAN TAYLOR | 215 E CORNELL DR | MERIDIAN | ID | USA | 83646 | |
| 5. Organized Under the Laws of: ID W 143341 | | 6. Annual Report must be signed.* Signature: Jonathan Taylor Name (type or print): Jonathan Taylor Date: 08/20/2017 Title: Manager | | | | | |
| Processed 08/20/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |