

|  |                 |  |       |  |                     |
|--|-----------------|--|-------|--|---------------------|
| No. <b>W 58239</b>   |                 | <b>Due no later than Jan 31, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>OTI CONSULTING, LLC<br>CHARLES L. OLSON<br>10967 W OLIANA DR<br>BOISE ID 83709 |       | CHARLES L OLSON<br>10967 W OLIANA DR<br>BOISE ID 83709 |                     |
|  |                 |  |       | 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   | CHARLES L OLSON | 10967 W OLIANA DR  | BOISE | ID   | 83709               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 58239</b>   |                 | 6. Annual Report must be signed.*<br>Signature: Charles L. Olson<br>Name (type or print): Charles L. Olson<br>Date: 12/02/2017<br>Title: President                               |       |  |                     |
| Processed 12/02/2017   |                 | * Electronically provided signatures are accepted as original signatures.  |       |  |                     |