

| No. W 111173 | Due no later than Feb 28, 2013 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) MELISSA BOLEY 333 S MAIN ST STE 104 KETCHUM ID 83340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|----------------------|------|-------|---------|-------------|---|-----------|---------------|----------|----|--------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. RISINGFORM INSTITUTE LLC PO BOX 5865 KETCHUM ID 83340 | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 20%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tom Boley</td> <td>P.O. Box 5865</td> <td>Ketchum,</td> <td>ID</td> <td>U.S.A.</td> <td>83340</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Tom Boley | P.O. Box 5865 | Ketchum, | ID | U.S.A. | 83340 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Tom Boley | P.O. Box 5865 | Ketchum, | ID | U.S.A. | 83340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 111173 </div> | | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: Name (type or print): Melissa Boley </td> <td style="width: 40%;"> Date: 2/14/13 Title: LCPC </td> </tr> </table> | | Signature: Name (type or print): Melissa Boley | Date: 2/14/13 Title: LCPC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: Name (type or print): Melissa Boley | Date: 2/14/13 Title: LCPC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 01/02/2013 by JL1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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