

|                                                                                                                                                        |                |                                                                                                                                                   |           |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 12481</b>                                                                                                                                     |                | <b>Due no later than Jul 31, 2014</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>INTERMOUNTAIN WEB DESIGN LLC.<br>ROBERT GOOD<br>737 NORCREST<br>CUBBUCK ID 83202 |           | ROBERT GOOD<br>737 NORCREST<br>CUBBUCK ID 83202    |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                   |           | 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                                                                                                                                                | ROBERT GOOD    | 737 NORCREST                                                                                                                                      | CUBBUCK   | ID                                                 | USA     | 83202       |  |
| MANAGER                                                                                                                                                | PHILLIP KENNEY | 754 ELRANCHO                                                                                                                                      | POCATELLO | ID                                                 | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 12481</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Robert Good<br>Name (type or print): Robert Good                                                  |           |                                                    |         |             |  |
|                                                                                                                                                        |                | Date: 06/01/2014<br>Title: Manager                                                                                                                |           |                                                    |         |             |  |
| Processed 06/01/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                         |           |                                                    |         |             |  |