

No. W 102533	Due no later than Apr 30, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ROGUE WAVE INTERACTIVE SOLUTIONS, LLC STEVEN W COX PO BOX 294 GENESEE ID 83832 USA	STEVEN COX 147 N CEDAR GENESEE ID 83832				
		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	CHRIS V MOSER	567 N SPRUCE STREET	GENESEE	ID	USA	83501
5. Organized Under the Laws of: ID W 102533	6. Annual Report must be signed.* Signature: Steven Cox Name (type or print): Steven Cox Date: 06/08/2014 Title: Managing Partner					
Processed 06/08/2014		* Electronically provided signatures are accepted as original signatures.				