No. W 102533		Due no later than Apr 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form STEVEN COX					
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. ROGUE WAVE INTERACTIVE SOLUTIONS, LLC STEVEN W COX PO BOX 294 GENESEE ID 83832 USA		147 N CEDAR GENESEE ID 83832			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STEVEN W C						
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ente	r Names and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	/ MOSER	1103 PROSPECT AVE - APT D	LEWISTON	ID	USA	83501	
MEMBER JESSE	GJ PETTEYS	1115 BURRELL AVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: 6. Annual Repor		must be signed.*					
ID	Signature: Ste	Signature: Steven Cox		Date: 04/26/2013			
W 102533	Name (type o	Name (type or print): Steven Cox		Title: Manager			
Processed 04/26/2013	* Electronically p	* Electronically provided signatures are accepted as original signatures.					