

|  |                      |   |             |   |         |             |  |
|--|----------------------|---|-------------|---|---------|-------------|--|
| No. <b>W 58446</b>   |                      | <b>Due no later than Jan 31, 2011<br/>Annual Report Form</b>  |             | 2. Registered Agent and Address ( <b>NO PO BOX</b> )        |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MIA CONSULTING LLC<br>BECCA SCHNEIDERHAN<br>316 N HANSEN LN<br>SHELLEY ID 83274<br>USA |             | REBECCA SCHNEIDERHAN<br>316 N HANSEN LN<br>SHELLEY ID 83274 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                      |   |             | 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   | RACHEL WINSTON       | 316 N HANSEN LANE   | SHELLEY     | ID  | USA     | 83274       |  |
| MEMBER   | REBECCA SCHNEIDERHAN | 250 LINDEN DRIVE  | IDAHO FALLS | ID  | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 58446</b>                                 |                      | 6. Annual Report must be signed.*<br><br>Signature: Rebecca Schneiderhan<br>Name (type or print): Rebecca Schneiderhan                                  |             |   |         |             |  |
|  |                      | Date: 02/08/2011<br>Title: Owner  |             |   |         |             |  |
| Processed 02/08/2011   |                      | * Electronically provided signatures are accepted as original signatures.   |             |   |         |             |  |