| No. <b>W 8828</b> Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |                          | Due no later than May 31, 2012 Annual Report Form   |                                  |  | 2. Registered Agent and Address (NO PO BOX)  MYDELL Y FISHER 1500 NOVA LANE MERIDIAN ID 83642  3. New Registered Agent Signature:* |          |            |                |
|---|--------------------------|---|----------------------------------|--|--|----------|------------|----------------|
|   |                          | 1. Mailing Address: Correct in this box if needed.  LISTENING HEART LLC  MYDELL Y FISHER  1500 NOVA LANE  MERIDIAN ID 83642 |                                  |  |  |          |            |                |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |                          |   |                                  |  |  |          |            |                |
| 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<br>MEMBER  | MYDELL Y F<br>JOHN T FIS |   | 1500 NOVA LANE<br>1500 NOVA LANE |  | MERIDIAN<br>MERIDIAN   | ID<br>ID | USA<br>USA | 83642<br>83642 |
| 5. Organized Under the Laws of:   |                          | 6. Annual Report must be signed.*   |                                  |  |  |          |            |                |
| ID  |                          | Signature: Mydell Y Fisher  |                                  |  | Date: 06/11/2012   |          |            |                |
| W 8828  |                          | Name (type or print): Mydell Y Fisher   |                                  |  | Title: Member  |          |            |                |
| Processed 06/11/2012 * Electronically provided signatures are accepted as original signatures.        |                          |   |                                  |  |  |          |            |                |