

|  |                |  |         |  |                  |             |  |
|--|----------------|--|---------|--|------------------|-------------|--|
| No. <b>W 57485</b>   |                | <b>Due no later than Dec 31, 2012</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>Annual Report Form</b>  |         | BROCK STODDARD<br>15 WEST MAIN<br>REXBURG ID 83440 |                  |             |  |
|  |                | <b>1. Mailing Address: Correct in this box if needed.</b>                      |         | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|  |                | STODDARD CONSULTING, LLC<br>BROCK STODDARD<br>15 W MAIN ST<br>REXBURG ID 83440 |         |  |                  |             |  |
| 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   | BROCK STODDARD | 15 WEST MAIN   | REXBURG | ID   | USA              | 83440       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |         |  |                  |             |  |
| <b>ID<br/>W 57485</b>  |                | Signature: Scott B Smith   |         |  | Date: 10/24/2012 |             |  |
|  |                | Name (type or print): Scott B Smith  |         |  | Title: Cpa       |             |  |
| Processed 10/24/2012   |                | * Electronically provided signatures are accepted as original signatures.      |         |  |                  |             |  |