

|  |                |   |        |  |         |                  |  |
|--|----------------|---|--------|--|---------|------------------|--|
| No. <b>W 78321</b>   |                | <b>Due no later than Oct 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br>ENIGMA CONSULTING, LLC<br>B. CALVIN SAUL<br>8010 N LOCH HAVEN DR #5<br>HAYDEN ID 83835-9004<br>USA |        | B CALVIN SAUL<br>8010 N LOCH HAVEN DR #5<br>HAYDEN ID 83835-9004 |         |                  |  |
|  |                |   |        | 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   | B. CALVIN SAUL | 8010 N LOCH HAVEN DR #5   | HAYDEN | ID   | USA     | 83835-9004       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |        |  |         |                  |  |
| <b>ID<br/>W 78321</b>  |                | Signature: B Calvin Saul  |        |  |         | Date: 10/12/2017 |  |
|  |                | Name (type or print): B Calvin Saul   |        |  |         | Title: Member    |  |
| Processed 10/12/2017   |                | * Electronically provided signatures are accepted as original signatures.   |        |  |         |                  |  |