

|                                                                                                                                                        |                |                                                                                                                                                              |       |                                                      |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 101402</b>                                                                                                                                    |                | <b>Due no later than Mar 31, 2015</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><br>EVIDENCE BASED ENTERPRISES, PLLC<br>MARK MICHAUD<br>1901 SPRINGBROOK LANE<br>BOISE ID 83706 |       | MARK MICHAUD<br>1901 SPRINGBROOK LANE<br>BOISE 83706 |         |                         |  |
|                                                                                                                                                        |                |                                                                                                                                                              |       | 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                                                                                                                                                 | MARK J MICHAUD | 1901 SPRINGBROOK LANE                                                                                                                                        | BOISE | ID                                                   | USA     | 83706                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                            |       |                                                      |         |                         |  |
| <b>ID<br/>W 101402</b>                                                                                                                                 |                | Signature: M J Michaud                                                                                                                                       |       |                                                      |         | Date: 01/16/2015        |  |
|                                                                                                                                                        |                | Name (type or print): M J Michaud                                                                                                                            |       |                                                      |         | Title: Authorized Agent |  |
| Processed 01/16/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                    |       |                                                      |         |                         |  |