

No. W 70347	Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		STEVE SCIBIOR 193 10TH STREET IDAHO FALLS ID 83404			
	SCI VENTURES, LLC SARA SCIBIOR 545 SHOUP AVENUE IDAHO FALLS ID 83402		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
MANAGER	STEVE SCIBIOR	193 10TH STREET	IDAHO FALLS	ID	USA	83404
MANAGER	KAROL SCIBIOR	193 10TH STREET	IDAHO FALLS	ID	USA	83404
MANAGER	SARA SCIBIOR	230 5TH ST	IDAHO FALLS	ID	USA	83401
MANAGER	BRETT RADI	230 5TH ST	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 70347	6. Annual Report must be signed.*					
		Signature: Sara Scibior	Date: 12/03/2012			
		Name (type or print): Sara Scibior	Title: Manager			
Processed 12/03/2012		* Electronically provided signatures are accepted as original signatures.				