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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 76727</b>                                                                                                                                     |             | <b>Due no later than Aug 31, 2016</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>NETWORK SECURITY SERVICES, LLC<br>STEVE RIGBY<br>2464 DIAMOND H LN<br>REXBURG ID 83440 |         | JOSHUA A GARNER<br>24 SOUTH 1ST WEST<br>REXBURG ID 83440 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                     |         | 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 RIGBY | 2882 N. 3000 W.                                                                                                                                     | REXBURG | ID                                                       | USA     | 83440       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 76727</b>                                                                                               |             | 6. Annual Report must be signed.*<br>Signature: Steve Rigby<br>Name (type or print): Steve Rigby                                                    |         |                                                          |         |             |  |
|                                                                                                                                                        |             | Date: 06/20/2016<br>Title: VP                                                                                                                       |         |                                                          |         |             |  |
| Processed 06/20/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                          |         |             |  |