No. W 162000	Due no later than Feb 28, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. EFY, LLC 309 HCEB PROVO UT 84602	12550 W E	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Na	nes and Addresses of at least one Member or Manager.	3. <u>New</u> Regist	ered Agent S	ignature:*	
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER KEVIN WAL MANAGER JOHN TAYL MANAGER DARIN OVI	OR 309 HCEB	PROVO PROVO PROVO	ர ர ர	USA USA USA	84602 84602 84602
5. Organized Under the Laws of: 6. Annual Report must be signed.*					
ID W 162000	Signature: Darin Oviatt Name (type or print): Darin Oviatt	Date: 01/30/2018 Title: MANAGER			
Processed 01/30/2018	* Electronically provided signatures are accepted as original signatures.				