

|                                                                                                                                                        |                 |                                                                                                                                                 |      |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 148831</b>                                                                                                                                    |                 | <b>Due no later than Mar 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><br>WEB RESCUE SERVICE, LLC<br>SHARON KIELTY<br>PO BOX 403<br>TROY ID 83871<br>USA |      | SHARON KIELTY<br>1102 CLAY PIT RD<br>TROY ID 83871 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                 |      | 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                                                                                                                                                | SHARON A KIELTY | PO BOX 403                                                                                                                                      | TROY | ID                                                 | USA     | 83871            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                               |      |                                                    |         |                  |  |
| <b>ID<br/>W 148831</b>                                                                                                                                 |                 | Signature: Sharon Kielty                                                                                                                        |      |                                                    |         | Date: 03/29/2016 |  |
|                                                                                                                                                        |                 | Name (type or print): Sharon Kielty                                                                                                             |      |                                                    |         | Title: Owner     |  |
| Processed 03/29/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                       |      |                                                    |         |                  |  |