

|  |               |  |       |  |         |                  |  |
|--|---------------|--|-------|--|---------|------------------|--|
| No. <b>W 77369</b>   |               | <b>Due no later than Sep 30, 2013</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>PRISMA, LLC<br>TROY M CHIPPS<br>1820 N TATONKA LN<br>INKOM ID 83245 |       | TROY M CHIPPS<br>1820 N TATONKA LN<br>INKOM ID 83245 |         |                  |  |
|  |               |  |       | 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   | TROY M CHIPPS | 1820 N. TATONKA LANE   | INKOM | ID   | USA     | 83245            |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |       |  |         |                  |  |
| <b>ID<br/>W 77369</b>  |               | Signature: Troy M. Chipps  |       |  |         | Date: 07/30/2013 |  |
|  |               | Name (type or print): Troy M. Chipps   |       |  |         | Title: President |  |
| Processed 07/30/2013   |               | * Electronically provided signatures are accepted as original signatures.  |       |  |         |                  |  |