

| | | | | | | | |
|---|-------------------------|---|--|--|-------------|----------------|----------------------|
| No. W 117970 | | Due no later than Oct 31, 2015 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 | | 1. Mailing Address: Correct in this box if needed. GATEWAY EDUCATIONAL SOLUTIONS LLC BRAD HOFHINES 25385 SHADOW CIR STAR ID 83669 USA | | BRAD HOFHINES 25385 SHADOW CIR STAR ID 83669 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name BRAD K HOFHINES | Street or PO Address 689 S. TRUNNEL AVE | | City MERIDIAN | State ID | Country USA | Postal Code 83642 |
| 5. Organized Under the Laws of: ID W 117970 | | 6. Annual Report must be signed.* Signature: Brad Hofhines Name (type or print): Brad Hofhines Date: 08/19/2015 Title: manager | | | | | |
| Processed 08/19/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |