

|                                                                                                                                                        |                    |                                                                                                                                                                |             |                                                               |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 34687</b>                                                                                                                                     |                    | <b>Due no later than Nov 30, 2010</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>ALTICITY LLC<br>MICHELLE L SKINNER<br>1106 N MOONSTONE DR<br>IDAHO FALLS ID 83401-2413<br>USA |             | JOSH SKINNER<br>1106 N MOONSTONE<br>IDAHO FALLS ID 83401-2413 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                |             | 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                                                                                                                                                | JOSH M SKINNER     | 1106 N MOONSTONE DR                                                                                                                                            | IDAHO FALLS | ID                                                            | USA     | 83401-2413  |  |
| MANAGER                                                                                                                                                | MICHELLE L SKINNER | 1106 N MOONSTONE DR                                                                                                                                            | IDAHO FALLS | ID                                                            | USA     | 83401-2413  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34687</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Michelle Skinner<br>Name (type or print): Michelle Skinner                                                     |             |                                                               |         |             |  |
|                                                                                                                                                        |                    | Date: 11/26/2010<br>Title: Manager                                                                                                                             |             |                                                               |         |             |  |
| Processed 11/26/2010                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                      |             |                                                               |         |             |  |