| No. W 39144 Return to: | | | Due no later than May 31, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) MICHAEL G WELP | | | |
|--|------------|--|--|-----------|--|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EQUALVOICE, LLC MICHAEL G WELP 1213 ELM ST SANDPOINT ID 83864 | | SANDPOINT | 1213 ELM ST SANDPOINT ID 83864 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compan | ies: Enter | Names and Addre | sses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | MICHAEL | G WELP | 1213 ELM ST | SANDPOINT | ID | | 83864 | |
| 5. Organized Under the Laws of: | | 6. Annual Rep | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: | Signature: Michael Welp | | Date: 04/12/2018 | | | |
| W 39144 | | Name (type | Name (type or print): Michael Welp | | Title: Founder | | | |
| Processed 04/12/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |