| No. W 19000 | | Due no later than Apr 30, 2012 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|---|---------------------------------------|---------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | MICHAEL PORTER | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. THINKFAST CREATIVE LLC MICHAEL PORTER 6147 W WINSTEAD PL BOISE ID 83704 | | BOISE ID | 6147 W WINSTEAD PL BOISE ID 83704 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Address | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | ER MICHAEL PORTER | | 6147 W WINSTEAD PL | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: M | ichael Porter | | Date: 06/02/2012 | | | |
| W 19000 | | Name (type o | or print): Michael Porter | | Title: Officer | | | |
| Processed 06/02/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |