| No. <b>W 140657</b>  |      | Due no later than Jul 31, 2015   |  | 2. Registered Agent and Address (NO PO BOX)   |       |         |             |
|--|------|--|--|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080           |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  NHS 1984 ALUMNI, LLC  KEVIN E DINIUS  5680 E FRANKLIN RD STE 130  NAMPA ID 83687 |  | KEVIN E DINIUS 5680 E FRANKLIN RD STE 130 NAMPA ID 83687  3. New 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 KEVIN E. DINIUS  |      | INIUS  | 5680 E. FRANKLIN RD. SUITE 130             | NAMPA   | ID    | USA     | 83687       |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*  |  |   |       |         |             |
| ID   |      | Signature: Kevin E. Dinius   |  | Date: 05/19/2015  |       |         |             |
| W 140657   |      | Name (type or print): Kevin E. Dinius  |  | Title: Registered Agent   |       |         |             |
| Processed 05/19/2015   |      | * Electronically provid  | ed signatures are accepted as original sig | natures.  |       |         |             |