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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 59514</b>                                                                                                                                     |                      | <b>Due no later than Feb 28, 2014</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>O TEAM, LLC<br>THORNTON OLIVER KELLER<br>250 S 5TH ST 2ND FLOOR<br>BOISE ID 83702<br>USA |       | MICHAEL T KELLER<br>250 S 5TH ST 2ND FLOOR<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                                                            |       | 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                                                                                                                                                | MICHAEL T KELLER     | 250 S 5TH ST 2ND FLOOR                                                                                                                                                                     | BOISE | ID                                                           | USA     | 83702       |  |
| MANAGER                                                                                                                                                | MICHAEL J BALLANTYNE | 250 S 5TH ST 2ND FLOOR                                                                                                                                                                     | BOISE | ID                                                           | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 59514</b>                                                                                           |                      | 6. Annual Report must be signed.*<br>Signature: Jenna Cassidy<br>Name (type or print): Jenna Cassidy                                                                                       |       |                                                              |         |             |  |
|                                                                                                                                                        |                      | Date: 01/28/2014<br>Title: Agent                                                                                                                                                           |       |                                                              |         |             |  |
| Processed 01/28/2014                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |       |                                                              |         |             |  |