

|  |  |   |  |       |         |             |
|--|--|---|--|-------|---------|-------------|
| No. <b>W 107238</b>  | <b>Due no later than Oct 31, 2016</b><br><b>Annual Report Form</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>ALLIANCE MANAGEMENT CONSULTANTS, LLC<br>CORY SWAIN<br>PO BOX 191028<br>BOISE ID 83719 |   | KIM KINNEY<br>1826 W. CALCITE COURT<br>MERIDIAN ID 83642 |       |         |             |
|  |  |   | 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  | CORY M SWAIN   | P.O. BOX 191028   | BOISE  | ID    | USA     | 83709       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 107238</b>  | 6. Annual Report must be signed.*<br>Signature: Cory Swain<br>Name (type or print): Cory Swain   |   | Date: 10/19/2016<br>Title: Manager                       |       |         |             |
| Processed 10/19/2016   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |