

|                                                                                                                                                        |                |                                                                                                                                                                                   |       |                                                           |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------------|--|
| No. <b>W 141457</b>                                                                                                                                    |                | <b>Due no later than Aug 31, 2015</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>REAL PROJECT MANAGEMENT TRAINING AND CONSULTING<br>LLC<br>JAMES GRAMLING<br>515 FITNESS PL STE 120<br>EAGLE ID 83616 |       | JAMES M GRAMLING<br>8464 W BROOKSIDE LN<br>BOISE ID 83714 |         |                   |  |
|                                                                                                                                                        |                |                                                                                                                                                                                   |       | 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       |  |
| MEMBER                                                                                                                                                 | JAMES GRAMLING | 8464 W BROOKSIDE LN                                                                                                                                                               | BOISE | ID                                                        | USA     | 83714             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                 |       |                                                           |         |                   |  |
| <b>ID<br/>W 141457</b>                                                                                                                                 |                | Signature: Kyle Kunde                                                                                                                                                             |       |                                                           |         | Date: 07/28/2015  |  |
|                                                                                                                                                        |                | Name (type or print): Kyle Kunde                                                                                                                                                  |       |                                                           |         | Title: Accountant |  |
| Processed 07/28/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                         |       |                                                           |         |                   |  |