| No. W 115330 Return to: | | Due no later than Jul 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. CCRP SOLUTIONS LLC REED E PETERMAN 800 W IDAHO ST STE 112 BOISE ID 83702 USA | | | 2. Registered Agent and Address (NO PO BOX) REED PETERMAN 1142 N SEVENOAKS PL EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
|--|-----------------|---|---------------------------------|-------|--|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | | | EAGL | | | | |
| 4. Limited Liability Compa | nies: Enter Nai | mes and Addresses of | at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | reed e pet | ERMAN | 1142 N SEVENOAKS PL | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Reed Peterman | | | Date: 05/12/2014 | | | |
| W 115330 | | Name (type or print): Reed Peterman | | | Title: Managing Member | | | |
| Processed 05/12/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |