

|                                                                                                                                                        |                  |                                                                                                                                                                                 |       |                                                                 |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 50510</b>                                                                                                                                     |                  | <b>Due no later than May 31, 2010</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><br>INDEPENDENT MEETING ASSOCIATES, LLC<br>RUTH C. WILLIAMS<br>2084 W CROSS CREEK DR<br>NAMPA ID 83686-8766<br>USA |       | RUTH C WILLIAMS<br>2084 W CROSS CREEK DR<br>NAMPA ID 83686-8766 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                 |       | 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                                                                                                                                                | RUTH C WILLIAMS  | 2084 W CROSS CREEK DR                                                                                                                                                           | NAMPA | ID                                                              | USA     | 83686-8766       |  |
| MANAGER                                                                                                                                                | ROGER M WILLIAMS | 2084 W CROSS CREEK DR                                                                                                                                                           | NAMPA | ID                                                              | USA     | 83686-8766       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                               |       |                                                                 |         |                  |  |
| <b>ID<br/>W 50510</b>                                                                                                                                  |                  | Signature: Ruth C. Williams                                                                                                                                                     |       |                                                                 |         | Date: 03/11/2010 |  |
|                                                                                                                                                        |                  | Name (type or print): Ruth C. Williams                                                                                                                                          |       |                                                                 |         | Title: President |  |
| Processed 03/11/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                       |       |                                                                 |         |                  |  |