| No. W 94289 | | Due no later than Jun 30, 2014 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|--|-----------------------------------|-----------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WALDEN SOLUTIONS LLC GRANT WALDEN 3310 MOUNTAIN VIEW DR BOISE ID 83701 | | 3310 MOUI BOISE ID | GRANT WALDEN 3310 MOUNTAIN VIEW DR BOISE ID 83701 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mas and Addresses | of at least one Member or Manager | | | | | |
| Office Held | Name | nes and Addresses | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | GRANT R WALDEN | | 3310 MOUNTAIN VIEW DRIVE | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 94289 | | Signature: Grant Walden | | | Date: 04/12/2014 | | | |
| | | Name (type or | | Title: Member | | | | |
| * Electronically provided signatures are accepted as original signatures. | | | | | | | | |