No. W 70835		Due i	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		0.0000000000000000000000000000000000000	MICHAEL H RICHARDSON 611 NORTH HAINES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MNEMOGRAPH LLC MICHAEL H RICHARDSON 611 NORTH HAINES BOISE ID 83712		BOISE ID	BOISE ID 83712 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Naı	mes and Addresses o	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MICHAEL H RICHARDSON MEMBER WILL REILLY		1186 SHENANDOAH DR 2290 N GREENVIEW COURT	BOISE EAGLE	ID ID	USA USA	83712 83616		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 70835		Signature: Micha		Date: 01/02/2012				
		Name (type or pr		Title: Member				
Processed 01/02/2012 * Electronically provided signatures are accepted as original signatures.								