

No. W 84812		Due no later than Jun 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		TIMOTHY M PLASS 5853 E POLELINE AVE POST FALLS ID 83854			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		VELOCIMAX WIRELESS LLC TIM PLASS 5853 E POLELINE AVE POST FALLS ID 83854					
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	TIMOTHY M PLASS	5853 E. POLELINE AVE.	POST FALSS	ID	USA	83854-5945	
MEMBER	JULIA A PLASS	5853 E. POLELINE AVE.	POST FALLS	ID	USA	83854-5945	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 84812		Signature: Timothy M. Plass				Date: 06/16/2011	
		Name (type or print): Timothy M. Plass				Title: President	
Processed 06/16/2011		* Electronically provided signatures are accepted as original signatures.					