

No. W 59565	Due no later than Feb 29, 2012 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN SAFETY CONSULTANTS LLC CHRISTOPHER A CAMPBELL 45 MESA VISTA DR BOISE ID 83705 USA		CHRISTOPHER A CAMPBELL 45 MESA VISTA DR BOISE ID 83705			
			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	CHRISTOPHER A CAMPBELL	5054 E FESCUE ST	BOISE	ID	USA	83716
5. Organized Under the Laws of: ID W 59565	6. Annual Report must be signed.* Signature: Christopher Campbell Name (type or print): Christopher Campbell		Date: 02/06/2012 Title: Manager			
Processed 02/06/2012		* Electronically provided signatures are accepted as original signatures.				