| No. <b>W 96576</b>                                                                                             |                           | Due no later than Sep 30, 2013                                                                                              | 2. Registered Agent and Address (NO PO BOX)                        |              |            |                |
|----------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------|------------|----------------|
| Return to:                                                                                                     |                           | Annual Report Form                                                                                                          |                                                                    | EMILY J CALL |            |                |
| 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.  UNLIMITED TAX SOLUTIONS, LLC  EMILY J CALL  PO BOX 3815  NAMPA ID 83653 | 1012 ALMOND ST NAMPA ID 83686  3. New Registered Agent Signature:* |              |            |                |
|                                                                                                                |                           | USA                                                                                                                         |                                                                    |              |            |                |
| <ol><li>Limited Liability Comp</li></ol>                                                                       | oanies: Enter Nam         | nes and Addresses of at least one Member or Manager.                                                                        |                                                                    |              |            |                |
| Office Held                                                                                                    | Name                      | Street or PO Address                                                                                                        | City                                                               | State        | Country    | Postal Code    |
| MEMBER<br>MEMBER                                                                                               | EMILY CALL<br>TRAVIS J CA | PO BOX 3815<br>ALL PO BOX 3815                                                                                              | nampa<br>Nampa                                                     | ID<br>ID     | USA<br>USA | 83653<br>83653 |
| 5. Organized Under the Laws of:                                                                                |                           | 6. Annual Report must be signed.*                                                                                           |                                                                    |              |            |                |
| ID<br>W 96576                                                                                                  |                           | Signature: Emily Call                                                                                                       | Date: 07/16/2013                                                   |              |            |                |
|                                                                                                                |                           | Name (type or print): Emily Call                                                                                            | Title: Memeber                                                     |              |            |                |
| Processed 07/16/2013                                                                                           | ;                         | * Electronically provided signatures are accepted as original sig                                                           | natures.                                                           |              |            |                |