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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 86261</b>                                                                                                                                     |                 | <b>Due no later than Aug 31, 2017</b>                                                                                                                      |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ERICKSON CONSULTING, LLC<br>ANNE M ERICKSON<br>5124 N PAPAGO AVE<br>BOISE ID 83713<br>USA |       | ANNE M ERICKSON<br>5124 N PAPAGO AVE<br>BOISE ID 83713 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                            |       | 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      |  |
| MEMBER                                                                                                                                                 | ANNE M ERICKSON | 5124 N PAPAGO AVE                                                                                                                                          | BOISE | ID                                                     | USA     | 83713            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                          |       |                                                        |         |                  |  |
| <b>ID<br/>W 86261</b>                                                                                                                                  |                 | Signature: Anne M Erickson                                                                                                                                 |       |                                                        |         | Date: 09/06/2017 |  |
|                                                                                                                                                        |                 | Name (type or print): Anne M Erickson                                                                                                                      |       |                                                        |         | Title: member    |  |
| Processed 09/06/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                  |       |                                                        |         |                  |  |