

|  |                   |   |       |  |         |                        |  |
|--|-------------------|---|-------|--|---------|------------------------|--|
| No. <b>W 96673</b>   |                   | <b>Due no later than Sep 30, 2014</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>DOCKETMAGIC.COM LLC<br>ROBERT A HUNTSMAN<br>10400 W. OVERLAND #174<br>BOISE ID 83709 |       | ROBERT A HUNTSMAN<br>4466 RIVA RIDGE WAY<br>BOISE ID 83709 |         |                        |  |
|  |                   |   |       | 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   | ROBERT A HUNTSMAN | 10400 OVERLAND RD. #174   | BOISE | ID   | USA     | 83709                  |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |       |  |         |                        |  |
| <b>ID<br/>W 96673</b>  |                   | Signature: s/Robert A. Huntsman/  |       |  |         | Date: 07/23/2014       |  |
|  |                   | Name (type or print): s/Robert A. Huntsman/   |       |  |         | Title: Managing Member |  |
| Processed 07/23/2014   |                   | * Electronically provided signatures are accepted as original signatures.   |       |  |         |                        |  |