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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 93302</b>                                                                                                                                     |           | <b>Due no later than May 31, 2012</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>PDQ PROCESS SERVICES LLC<br>DOUG CONE<br>PO BOX 4724<br>POCATELLO ID 83205<br>USA |           | DOUG CONE<br>330 WEST CHUBBUCK RD #41<br>CHUBBUCK ID 83202 |         |                  |  |
|                                                                                                                                                        |           |                                                                                                                                                    |           | 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                                                                                                                                                 | LISA CONE | PO BOX 4724                                                                                                                                        | POCATELLO | ID                                                         | USA     | 83205-5575       |  |
| MEMBER                                                                                                                                                 | DOUG CONE | PO BOX 4724                                                                                                                                        | POCATELLO | ID                                                         | USA     | 83205-5575       |  |
| 5. Organized Under the Laws of:                                                                                                                        |           | 6. Annual Report must be signed.*                                                                                                                  |           |                                                            |         |                  |  |
| <b>ID<br/>W 93302</b>                                                                                                                                  |           | Signature: Lisa Cone                                                                                                                               |           |                                                            |         | Date: 03/13/2012 |  |
|                                                                                                                                                        |           | Name (type or print): Lisa Cone                                                                                                                    |           |                                                            |         | Title: Member    |  |
| Processed 03/13/2012                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                          |           |                                                            |         |                  |  |