No. **W 86713**	**Due no later than Sep 30, 2016** **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.** EDGE SOLUTIONS LLC JAYME GAMBLE PO BOX 173 DONNELLY ID 83615	JAYME GAMBLE 13104 HILLHOUSE LP DONNELLY ID 83615 3. New 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	JAYME GAMBLE	PO BOX 173	DONNELLY	ID	USA	83615

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 86713**	Signature: Jayme Gamble	Date: 08/09/2016
	Name (type or print): Jayme Gamble	Title: Member

Processed 08/09/2016

* Electronically provided signatures are accepted as original signatures.