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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------------------|
| No. <b>W 119731</b>                                                                                                                                    |                              | <b>Due no later than Dec 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>WEB & MOBILE SOLUTIONS LLC<br>CHRISTOPHER MICHAEL KLINGLER<br>229 N 2 W<br>REXBURG ID 83440 |         | CHRISTOPHER KLINGLER<br>229 N 2 W<br>REXBURG ID 83440 |                     |
|                                                                                                                                                        |                              |                                                                                                                                                                                               |         | 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 |
| MANAGER                                                                                                                                                | CHRISTOPHER MICHAEL KLINGLER | 229 N 2 W                                                                                                                                                                                     | REXBURG | ID                                                    | USA 83440           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 119731</b>                                                                                          |                              | 6. Annual Report must be signed.*<br>Signature: Christopher M Klingler<br>Name (type or print): Christopher M Klingler<br><br>Date: 11/03/2016<br>Title: Owner                                |         |                                                       |                     |
| Processed 11/03/2016                                                                                                                                   |                              | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |         |                                                       |                     |