

|                                                                                                                                                        |              |                                                                                                                                                              |       |                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 45072</b>                                                                                                                                     |              | <b>Due no later than Dec 31, 2011</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>PLATFORM ARCHITECTURE & DESIGN, PLLC<br>CATHY SEWELL<br>1008 S JOHNSON ST<br>BOISE ID 83705 |       | CATHY SEWELL<br>1008 S JOHNSON ST<br>BOISE ID 83705 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                              |       | 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                                                                                                                                                | CATHY SEWELL | 1008 S JOHNSON ST                                                                                                                                            | BOISE | ID                                                  | USA     | 83705            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                            |       |                                                     |         |                  |  |
| <b>ID<br/>W 45072</b>                                                                                                                                  |              | Signature: Cathy Sewell                                                                                                                                      |       |                                                     |         | Date: 12/23/2011 |  |
|                                                                                                                                                        |              | Name (type or print): Cathy Sewell                                                                                                                           |       |                                                     |         | Title: Manager   |  |
| Processed 12/23/2011                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                    |       |                                                     |         |                  |  |