

|                                                                                                                                                        |               |                                                                                                                                            |       |                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|------------------|--|
| No. <b>W 121981</b>                                                                                                                                    |               | <b>Due no later than Feb 29, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>MOXIE GROUP, LLC.<br>TAMMY SHUYLER<br>3875 N HARTLEY RD<br>EAGLE ID 83616 |       | TAMMY SHUYLER<br>3875 N HARTLEY RD<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                            |       | 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                                                                                                                                                 | TAMMY SHUYLER | 3875 N HARTLEY RD                                                                                                                          | EAGLE | ID                                                   | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                          |       |                                                      |         |                  |  |
| <b>ID<br/>W 121981</b>                                                                                                                                 |               | Signature: tammy shuyler                                                                                                                   |       |                                                      |         | Date: 01/07/2016 |  |
|                                                                                                                                                        |               | Name (type or print): tammy shuyler                                                                                                        |       |                                                      |         | Title: president |  |
| Processed 01/07/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                  |       |                                                      |         |                  |  |