

|                                                                                                                                                        |                   |                                                                                                                                                      |       |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 134836</b>                                                                                                                                    |                   | <b>Due no later than Feb 28, 2018</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>MCALLISTER CONSULTING, L.L.C.<br>JOHN A MCALLISTER<br>1522 E HOLLY ST<br>BOISE ID 83712 |       | JOHN A MCALLISTER<br>1522 E HOLLY ST<br>BOISE ID 83712 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                      |       | 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                                                                                                                                                | JOHN A MCALLISTER | 1522 E. HOLLY ST                                                                                                                                     | BOISE | ID                                                     | USA     | 83712       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 134836</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: John A. McAllister<br>Name (type or print): John A. McAllister<br>Date: 12/24/2017<br>Title: Manager |       |                                                        |         |             |  |
| Processed 12/24/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                            |       |                                                        |         |             |  |