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| No. C 200143 | | Due no later than Oct 31, 2015 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. FIRST SOLUTIONS P3, INC. JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301 | | JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY | JOHN A. COLEMAN | PO BOX 1293 | TWIN FALLS | ID | USA | 83303-1293 | |
| PRESIDENT | MARK B WRIGHT | 401 GOODING STREET N SUITE 201 | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID C 200143 | | 6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman | | | | | |
| | | Date: 10/20/2015 Title: Agent | | | | | |
| Processed 10/20/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |