| No. C 189468 | | Due no later than Dec 31, 2011 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|--|--|------------------------------|--|--------------------------|----------------------------------|--|
| Return to: | | Annual Report Form | | INCORP SE | INCORP SERVICES, INC. | | | |
| 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. IMERGENT, INC. SUSAN COCKERHAM 1303 N RESEARCH WAY OREM UT 84097 | | BOISE ID USA | 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:* | | | |
| 4. Corporations: Enter I | Names and Busin | ess Addresses of P | resident, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR TREASURER PRESIDENT SECRETARY | URER JONATHAN ERICKSON DENT STEVE MIHAYLO | | 1303 N RESEARCH WAY 1303 N RESEARCH WAY 1303 N RESEARCH WAY 1303 N RESEARCH WAY | OREM OREM OREM OREM | ர ர ர ர | USA USA USA USA | 84097 84097 84097 84097 | |
| 5. Organized Under the Laws of: DE C 189468 | | 6. Annual Report must be signed.* Signature: Susan Cockerham Name (type or print): Susan Cockerham | | | Date: 12/21/ Title: Attorn | | | |
| Processed 12/21/2011 | | * Electronically pro | vided signatures are accepted as origin | al signatures. | | | | |