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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------|---------|-------------------|--|
| No. <b>W 130346</b>                                                                                                                                    |               | <b>Due no later than Oct 31, 2014</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>ELEVATI, LLC<br>CAMERON PATCH<br>343 E 4TH N, SUITE 200<br>REXBURG ID 83440<br>USA |         | DUPREE LAW OFFICE PC<br>58 E 100 N<br>REXBURG 83440 |         |                   |  |
|                                                                                                                                                        |               |                                                                                                                                                     |         | 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                                                                                                                                                | CAMERON PATCH | 343 E 4TH N, SUITE 200                                                                                                                              | REXBURG | ID                                                  | USA     | 83440             |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                   |         |                                                     |         |                   |  |
| <b>DE<br/>W 130346</b>                                                                                                                                 |               | Signature: Courtney Hiersche                                                                                                                        |         |                                                     |         | Date: 10/23/2014  |  |
|                                                                                                                                                        |               | Name (type or print): Courtney Hiersche                                                                                                             |         |                                                     |         | Title: Accountant |  |
| Processed 10/23/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                     |         |                   |  |