

No. W 70835	Due no later than Jan 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. MNEMOGRAPH LLC MICHAEL H RICHARDSON 611 NORTH HAINES BOISE ID 83712		MICHAEL H RICHARDSON 611 NORTH HAINES BOISE 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
MEMBER	MICHAEL H RICHARDSON	1186 SHENANDOAH DR	BOISE	ID		83712
MEMBER	WILL H REILLY	2290 N GREENVIEW COURT	EAGLE	ID		83616
5. Organized Under the Laws of: ID W 70835	6. Annual Report must be signed.* Signature: Michael Richardson Name (type or print): Michael Richardson		Date: 02/10/2015 Title: Manager			
Processed 02/10/2015		* Electronically provided signatures are accepted as original signatures.				