

|   |  |   |   |       |         |             |
|---|--|---|---|-------|---------|-------------|
| No. <b>W 12820</b>  | <b>Due no later than Aug 31, 2010</b><br><b>Annual Report Form</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>  |   | LOUIS SKAAR & SONS, INC.<br>421 N 3200 E<br>LEWISVILLE ID 83431 |       |         |             |
|   | SKAAR BROTHERS, L.L.C.<br>DUWAYNE SKAAR<br>421 N 3200 E<br>LEWISVILLE ID 83431<br>USA                |   | 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  | JUSTIN SKAAR   | 454 N. 3700 E.  | RIGBY   | ID    | USA     | 83442       |
| MEMBER  | DUWAYNE SKAAR  | 3273 E. 500 N.  | LEWISVILLE  | ID    | USA     | 83431       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 12820</b>  | 6. Annual Report must be signed.*<br>Signature: DuWayne Skaar<br>Name (type or print): DuWayne Skaar |   | Date: 06/24/2010<br>Title: Partner                              |       |         |             |
| Processed 06/24/2010  |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |