

|  |                          |   |        |   |         |             |  |
|--|--------------------------|---|--------|---|---------|-------------|--|
| No. <b>W 26624</b>   |                          | <b>Due no later than Oct 31, 2012</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>VITA BREVIS, LLC<br>JENNIFER L GALPIN-MIKESH<br>PO BOX 2937<br>HAILEY ID 83333<br>USA |        | NATHAN W GALPIN MIKESH<br>641 E CROY<br>HAILEY ID 83333 |         |             |  |
|  |                          |   |        | 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  | NATHAN W GALPIN MIKESH   | PO BOX 2937   | HAILEY | ID  | USA     | 83333       |  |
| MEMBER   | JENNIFER L GALPIN-MIKESH | PO BOX 2937   | HAILEY | ID  | USA     | 83333       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26624</b>   |                          | 6. Annual Report must be signed.*<br>Signature: Jennifer Galpin-Mikesh<br>Name (type or print): Jennifer Galpin-Mikesh<br>Date: 11/07/2012<br>Title: Manager                            |        |   |         |             |  |
| Processed 11/07/2012   |                          | * Electronically provided signatures are accepted as original signatures.   |        |   |         |             |  |