No. W 15333		Due no later than May 31, 2012		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ELMER C BLAIKIE II			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ELMER C. BLAIKIE II, L.L.C. ELMER C BLAIKIE			2034 ADDISON AVE E TWIN FALLS ID 83301			
		2034 ADDISON AVE E TWIN FALLS ID 83301		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ELMER C BLA		LAIKIE II	3247 LAURELWOOD DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: E. Blaikie		Da	Date: 03/20/2012			
W 15333		Name (type or print): E. Blaikie		Tit	Title: Owner			
Processed 03/20/2012 * Electronically provided signatures are accepted as original signatures.								