

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 32443</b>   | <b>Due no later than Aug 31, 2012</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><br>JONES & BEARD, LLC<br>J K BEARD<br>284 MARTIN ST<br>TWIN FALLS ID 83301<br>USA |   | ERIC JONES<br>284 MARTIN ST<br>TWIN FALLS ID 83301 |       |         |             |
|  |   |   | 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   | ERIC JONES  | 401 GOODING ST NORTH  | TWIN FALLS   | ID    | USA     | 83301       |
| MEMBER   | JASON BEARD   | 401 GOODING ST NORTH  | TWIN FALLS   | ID    | USA     | 83301       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 32443</b>   | 6. Annual Report must be signed.*<br>Signature: Jason Beard<br>Name (type or print): Jason Beard  |   | Date: 06/12/2012<br>Title: Member                  |       |         |             |
| Processed 06/12/2012   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |