

|                                                                                                                                                        |              |                                                                                                                                                             |            |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 43617</b>                                                                                                                                     |              | <b>Due no later than Oct 31, 2007</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><br>4 THE KINGDOM, LLC.<br>NICK D NICOLLS<br>489 HEAVENLY HEIGHTS<br>SANDPOINT ID 83864<br>USA |            | NICK NICOLLS<br>489 HEAVENLY HEIGHTS<br>SANDPOINT ID 83864 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                             |            | 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                                                                                                                                                 | NICK NICOLLS | 489 HEAVENLY HEIGHTS                                                                                                                                        | SANDPOINT  | ID                                                         | USA     | 83864       |  |
| MEMBER                                                                                                                                                 | DAVID WALKER | 76 SHADOW VALLEY LN                                                                                                                                         | CLARK FORK | ID                                                         | USA     | 83811       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 43617</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Nick Nicolls<br>Name (type or print): Nick Nicolls                                                          |            |                                                            |         |             |  |
|                                                                                                                                                        |              | Date: 09/20/2007<br>Title: Member                                                                                                                           |            |                                                            |         |             |  |
| Processed 09/20/2007                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                   |            |                                                            |         |             |  |