

|                                                                                                                                                        |                |                                                                                                                                                 |             |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 80823</b>                                                                                                                                     |                | <b>Due no later than Jan 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>1. Mailing Address: Correct in this box if needed.</b><br><br>BIKINI DOGS LLC<br>BRIAN P SIMONS<br>2435 RICHARDS AVE<br>IDAHO FALLS ID 83404 |             | BRIAN SIMONS<br>2435 RICHARDS AVE<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                 |             | 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                                                                                                                                                | TODD RAYMOND   | P.O. BOX 51692                                                                                                                                  | IDAHO FALLS | ID                                                        | USA     | 83405       |  |
| MANAGER                                                                                                                                                | BRIAN P SIMONS | 2435 RICHARDS AVE                                                                                                                               | IDAHO FALLS | ID                                                        | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 80823</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Brian Simons<br>Name (type or print): Brian Simons                                              |             |                                                           |         |             |  |
| Date: 02/06/2012<br>Title: Manager                                                                                                                     |                |                                                                                                                                                 |             |                                                           |         |             |  |
| Processed 02/06/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                       |             |                                                           |         |             |  |