

|                                                                                                                                                        |                 |                                                                                                                                                 |           |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 6175</b>                                                                                                                                      |                 | <b>Due no later than May 31, 2010</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>                                                                                                                       |           | PETER A LIPOVAC<br>RT 3 BOX 282<br>BLACKFOOT ID 83221 |         |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>WESTERN DISCOVERY L.L.C.<br>PETER A LIPOVAC<br>RT 3 BOX 282<br>BLACKFOOT ID 83221  |           | 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                                                                                                                                                 | PETER A LIPOVAC | RT 3 BOX 282                                                                                                                                    | BLACKFOOT | ID                                                    | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 6175</b>                                                                                            |                 | 6. Annual Report must be signed.*<br>Signature: Peter A. Lipovac<br>Name (type or print): Peter A. Lipovac<br>Date: 06/10/2010<br>Title: Member |           |                                                       |         |             |  |
| Processed 06/10/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                       |           |                                                       |         |             |  |