| No. <b>W 52314</b>   |      | Due no later than Jul 31, 2012  |                             | 2. Reg       | 2. Registered Agent and Address (NO PO BOX)  |                         |             |  |
|--|------|---|-----------------------------|--------------|--|-------------------------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080             |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  MIXED DOUBLES, LLC  MICHAEL J SWOPE  2244 S SWALLOWTAIL  BOISE ID 83706 |                             | 224<br>BOI   | MICHAEL J SWOPE  2244 S SWALLOWTAIL  BOISE ID 83706  3. New Registered Agent Signature:* |                         |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar               |      | mos and Addresses of at   | least one Member or Manager |              |  |                         |             |  |
| Office Held  | Name | ries and Addresses of at  | Street or PO Address        | City         | State  | Country                 | Postal Code |  |
| MANAGER MICHAEL J SWOPE MEMBER MARY J SWOPE MEMBER GAIL WALKER                                 |      | 2244 S SWALLOWTAIL<br>2244 S SWALLOWTAIL<br>5969 N CAPE ARAGO   | BOISI<br>BOISI<br>BOISI     | E ID<br>E ID | USA<br>USA<br>USA  | 83706<br>83706<br>83714 |             |  |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*   |                             |              |  |                         |             |  |
| ID<br>W 52314  |      | Signature: Michael J Swope<br>Name (type or print): Michael J Swope   |                             |              | Date: 05/14/2012<br>Title: Manager   |                         |             |  |
| Processed 05/14/2012 * Electronically provided signatures are accepted as original signatures. |      |   |                             |              |  |                         |             |  |