| No. <b>W 92882</b>   |               | Due no later than Apr 30, 2011   |                               | [ | 2. Registered Agent and Address (NO PO BOX)   |       |         |             |
|--|---------------|--|-------------------------------|---|---|-------|---------|-------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |               | Annual Report Form  1. Mailing Address: Correct in this box if needed.  SHIPP ENTERPRISES, LLC MIKE SHIPP 6085 N EAGLE RD BOISE ID 83713 |                               |   | MICHAEL SHIPP DMD 6085 N EAGLE RD BOISE ID 83713  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar               |               | mes and Addresses of a   | t least one Member or Manager |   |   |       |         |             |
| Office Held  | Name          | mes and Addresses of a   | Street or PO Address          |   | City  | State | Country | Postal Code |
| MANAGER  | MICHAEL SHIPP |  | 239 E TRAILSIDE DR            |   | EAGLE   | ID    | USA     | 83616       |
| 5. Organized Under the Laws of:  ID  W 92882   |               | 6. Annual Report must be signed.* Signature: Mike Shipp Name (type or print): Mike Shipp   |                               |   | Date: 02/08/2011<br>Title: Manager  |       |         |             |
| Processed 02/08/2011 * Electronically provided signatures are accepted as original signatures. |               |  |                               |   |   |       |         |             |