

|                                                                                                                                                        |                  |                                                                                                                                     |       |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 50494</b>                                                                                                                                     |                  | <b>Due no later than May 31, 2011</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>XS GROUP, LLC<br>ROYCE C CHIGBROW<br>PO BOX 7807<br>BOISE ID 83707 |       | ROYCE C CHIGBROW<br>1087 W RIVER ST STE 310<br>BOISE ID 83702 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                     |       | 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                                                                                                                                                 | ROYCE C CHIGBROW | 1087 W RIVER ST STE 310                                                                                                             | BOISE | ID                                                            | USA     | 83702            |  |
| MEMBER                                                                                                                                                 | LESLIE A MARTIN  | 7785 N PRESCOTT AVE                                                                                                                 | BOISE | ID                                                            | USA     | 83714            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                   |       |                                                               |         |                  |  |
| <b>ID<br/>W 50494</b>                                                                                                                                  |                  | Signature: Royce Chigbrow                                                                                                           |       |                                                               |         | Date: 03/20/2011 |  |
|                                                                                                                                                        |                  | Name (type or print): Royce Chigbrow                                                                                                |       |                                                               |         | Title: Member    |  |
| Processed 03/20/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                           |       |                                                               |         |                  |  |