

|                                                                                                                                                        |               |                                                                           |            |                                                        |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|------------|--------------------------------------------------------|------------------|-------------|--|
| No. <b>W 59000</b>                                                                                                                                     |               | <b>Due no later than Feb 28, 2013</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>                                                 |            | BLAKE ATKIN<br>7579 N WESTSIDE HWY<br>CLIFTON ID 83228 |                  |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                 |            | 3. <u>New</u> Registered Agent Signature:*             |                  |             |  |
|                                                                                                                                                        |               | CHARLIE'S HOLDINGS, LLC<br>14259 N CLEVELAND RD<br>PRESTON ID 83263       |            |                                                        |                  |             |  |
| 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                                                                                                                                                | ADELL VIEHWEG | 317 N MAIN ST                                                             | SMITHFIELD | UT                                                     | USA              | 84335       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                         |            |                                                        |                  |             |  |
| <b>ID<br/>W 59000</b>                                                                                                                                  |               | Signature: Adell Viehweg                                                  |            |                                                        | Date: 01/02/2013 |             |  |
|                                                                                                                                                        |               | Name (type or print): Adell Viehweg                                       |            |                                                        | Title: Manager   |             |  |
| Processed 01/02/2013                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures. |            |                                                        |                  |             |  |