

|  |                |   |       |   |         |                  |  |
|--|----------------|---|-------|---|---------|------------------|--|
| No. <b>W 94025</b>   |                | <b>Due no later than Jun 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>LIFE EXPORTS, LLC<br>DILLON ROBERTS<br>PO BOX 6682<br>BOISE ID 83707 |       | ALL DAY \$49 IDAHO REGISTERED A<br>105 S 6TH STE A<br>COEUR D ALENE ID 83814<br>USA |         |                  |  |
|  |                |   |       | 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   | DILLON ROBERTS | P.O. BOX 6682   | BOISE | ID  | USA     | 83707            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |       |   |         |                  |  |
| <b>ID<br/>W 94025</b>  |                | Signature: Dillon Roberts   |       |   |         | Date: 07/04/2013 |  |
|  |                | Name (type or print): Dillon Roberts  |       |   |         | Title: Member    |  |
| Processed 07/04/2013   |                | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                  |  |