

|  |                  |  |       |  |         |                       |  |
|--|------------------|--|-------|--|---------|-----------------------|--|
| No. <b>W 91294</b>   |                  | <b>Due no later than Mar 31, 2012</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BERGAN ENTERPRISES LLC<br>MALINDA BERGAN<br>2590 CLOVERDALE RD<br>BOISE ID 83709 |       | MALINDA BERGAN<br>2590 CLOVERDALE RD<br>BOISE ID 83709 |         |                       |  |
|  |                  |  |       | 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           |  |
| MANAGER  | MALINDA D BERGAN | 2590 SOUTH CLOVERDALE RD   | BOISE | ID   | USA     | 83709                 |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |       |  |         |                       |  |
| <b>ID<br/>W 91294</b>  |                  | Signature: Malinda Bergan  |       |  |         | Date: 03/13/2012      |  |
|  |                  | Name (type or print): Malinda Bergan   |       |  |         | Title: Owner-Operator |  |
| Processed 03/13/2012   |                  | * Electronically provided signatures are accepted as original signatures.  |       |  |         |                       |  |