| No. W 49318 | | Due no later than Apr 30, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|--|---|---------|-------------|--|
| Return to: | Annual Report Form | | to the same of the | CT CORPORATION SYSTEM | | | |
| SECRETARY OF STATE | 1. Mailing A | 1. Mailing Address: Correct in this box if needed. | | 1111 W JEFFERSON STE 530 BOISE ID 83702 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | DISCOVERY S KATHY POOR PO BOX 2027 | USA | | | | | |
| | COEUR D ALEI | NE ID 83816 | 3. <u>New</u> Registere | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| | | | | | | | |
| 4. Limited Liability Companies: Enter | Names and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER SCHUYLER C JOYNER | | PO BOX 2027 | COEUR D'ALENE | ID | USA | 83816 | |
| | | | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Repor | | | | | | |
| DE | Signature: Ka | Signature: Kathy Poorboiy | | Date: 03/12/2012 | | | |
| W 49318 | Name (type o | Name (type or print): Kathy Poorboiy | | Title: Accountant | | | |
| Processed 03/12/2012 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |