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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 6074</b>                                                                                                                                      |                      | <b>Due no later than May 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>                                                                                                                                |          | KEITH DALE WADSWORTH<br>1083 E 1500 N<br>TERRETON ID 83450 |         |             |  |
|                                                                                                                                                        |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br>WADSWORTH, LLC<br>KEITH DALE WADSWORTH<br>POB 103<br>TERRETON ID 83450                      |          | 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                                                                                                                                                | KEITH DALE WADSWORTH | 1083 E 1500 N                                                                                                                                            | TERRETON | ID                                                         | USA     | 83450       |  |
| MANAGER                                                                                                                                                | SHIRLEY M. WADSWORTH | 1083 E 1500 N                                                                                                                                            | TERRETON | ID                                                         | USA     | 83450       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 6074</b>                                                                                            |                      | 6. Annual Report must be signed.*<br>Signature: Shirley M. Wadsworth<br>Name (type or print): Shirley M. Wadsworth<br>Date: 03/12/2012<br>Title: Manager |          |                                                            |         |             |  |
| Processed 03/12/2012                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                |          |                                                            |         |             |  |