

|                                                                                                                                                        |             |                                                                                                                                           |         |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 42033</b>                                                                                                                                     |             | Due no later than Aug 31, 2013                                                                                                            |         | 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>RAFFLES CITY PARTNERS, LLC<br>ANDREW TIAN<br>PO BOX 2004<br>KETCHUM ID 83340 |         | ANDREW TIAN<br>201 SAGE RD<br>KETCHUM ID 83340     |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                           |         | 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                                                                                                                                                 | ANDREW TIAN | 201 SAGE RD PO BOX 2004                                                                                                                   | KETCHUM | ID                                                 | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 42033</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: At<br>Name (type or print): At                                                            |         |                                                    |         |             |  |
|                                                                                                                                                        |             | Date: 06/21/2013<br>Title: Member                                                                                                         |         |                                                    |         |             |  |
| Processed 06/21/2013                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                 |         |                                                    |         |             |  |