| No. <b>W 83940</b>   |            | Due no later than May 31, 2012  |                      | 2. Registered Agent and Address (NO PO BOX) |  |         |             |
|--|------------|---|----------------------|---|--|---------|-------------|
| Return to:   |            | Annual Report Form  |                      | CARRIE KRALICEK                             |  |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |            | 1. Mailing Addre<br>KRALICEK SPEAKIN<br>CARRIE A KRALIC<br>3949 N 19TH ST<br>COEUR D'ALENE II | EK ,                 | COEUR D'ALENE                               | 3949 N 19TH ST COEUR D'ALENE ID 83815  3. New Registered Agent Signature:* |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |            | USA   |                      |   |  |         |             |
| 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  | CARRIE A K | RALICEK   | 3949 N 19TH STREET   | COEUR D ALENE                               | ID   | USA     | 83815       |
| 5. Organized Under the Laws of:  |            | 6. Annual Report must be signed.*   |                      |   |  |         |             |
| ID<br>W 83940  |            | Signature: Carrie A   | Date: 04/03/2012     |   |  |         |             |
|  |            | Name (type or prir  | Title: Manager       |   |  |         |             |
| Processed 04/03/2012 * Electronically provided signatures are accepted as original signatures. |            |   |                      |   |  |         |             |