

|  |                 |  |       |   |         |             |  |
|--|-----------------|--|-------|---|---------|-------------|--|
| No. <b>W 25738</b>   |                 | <b>Due no later than Aug 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>KILLPACK ENTERPRISES FIRTH, LLC.<br>BLAINE KILLPACK<br>4000 WEST 65 SOUTH<br>IDAHO FALLS ID 83402<br>USA |       | BLAINE KILLPACK<br>4000 WEST 65 SOUTH<br>IDAHO FALLS ID 83402 |         |             |  |
|  |                 |  |       | 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  | BLAINE KILLPACK | 461 NORTH 400 EAST   | FIRTH | ID  | USA     | 83236       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 25738</b>   |                 | 6. Annual Report must be signed.*<br>Signature: Blaine Killpack<br>Name (type or print): Blaine Killpack<br>Date: 06/19/2012<br>Title: Manager   |       |   |         |             |  |
| Processed 06/19/2012   |                 | * Electronically provided signatures are accepted as original signatures.  |       |   |         |             |  |