


| | | | | | | |
|---|--|---|--|-------|---------|-------------|
| No. W 56873 | Due no later than Dec 31, 2010 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) SALLY A NIHIPALI 4503 FEDERAL WAY BOISE ID 83716 | | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. TWO TAILS, LLC SALLY NIHIPALI 4503 FEDERAL WAY BOISE ID 83716 USA | | 3. <u>New</u> Registered Agent Signature. | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MEMBER | SALLY A NIHIPALI | 4503 FEDERAL WAY | BOISE | ID | USA | 83716 |
| MEMBER | PAUL M NIHIPALI | 4503 FEDERAL WAY | BOISE | ID | USA | 83716 |
| | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 56873 </div> | | 6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): SALLY A NIHIPALI </div> <div style="width: 35%; text-align: right;"> Date: 10/13/10 <hr/> MEMBER Title: MANAGER </div> </div> | | | | |
| Issued 10/08/2010 by CLH | | | | | | |

106811