

|                                                                                                                                                        |                |                                                                                                                                                                                          |                   |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 20353</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>CAZIER PHOTOGRAPHY, LLC<br>TYLER D CAZIER<br>447 HIGHWAY 55<br>HORSESHOE BEND ID 83629 |                   | TYLER D CAZIER<br>447 HIGHWAY 55<br>HORSESHOE BEND ID 83629 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                          |                   | 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                                                                                                                                                | TYLER D CAZIER | 9 MIKYLAR WAY                                                                                                                                                                            | HORSESHOE<br>BEND | ID                                                          | USA     | 83629       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 20353</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Tyler D Cazier<br>Name (type or print): Tyler D Cazier                                                                                   |                   |                                                             |         |             |  |
|                                                                                                                                                        |                | Date: 06/19/2012<br>Title: Manager                                                                                                                                                       |                   |                                                             |         |             |  |
| Processed 06/19/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                |                   |                                                             |         |             |  |