

No. W 82484		Due no later than Mar 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. VAL-YOU CARD, LLC CHRIS WATTS 1191 CABIN COVE IDAHO FALLS ID 83404 USA		CHRISTOPHER E WATTS 1191 CABIN COVE IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHRIS WATTS	Street or PO Address 1191 CABIN COVE		City IDAHO FALLS	State ID	Country USA	Postal Code 83404
5. Organized Under the Laws of: ID W 82484		6. Annual Report must be signed.* Signature: Chris Watts Name (type or print): Chris Watts Date: 01/16/2012 Title: Manager					
Processed 01/16/2012 * Electronically provided signatures are accepted as original signatures.							