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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 11240</b>                                                                                                                                     |                   | <b>Due no later than Feb 28, 2010</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>1. Mailing Address: Correct in this box if needed.</b><br><br>TEQUILA BAY, LLC<br>SCOTT M KARTERMAN<br>PO BOX 1816<br>SUN VALLEY ID 83353<br>USA |         | SCOTT M KARTERMAN<br>230 N MAIN<br>KETCHUM ID 83340 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                     |         | 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 |  |
| MEMBER                                                                                                                                                 | SCOTT M KARTERMAN | PO BOX 3117                                                                                                                                         | KETCHUM | ID                                                  | USA     | 83340       |  |
| MEMBER                                                                                                                                                 | GIA M GUDDAT      | PO BOX 3117                                                                                                                                         | KETCHUM | ID                                                  | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 11240</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Scott M. Karterman<br>Name (type or print): Scott M. Karterman<br>Date: 01/21/2010<br>Title: Pres.  |         |                                                     |         |             |  |
| Processed 01/21/2010                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                     |         |             |  |