| No. W 31491 | | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|-----------------------------------|----------------------------------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | ROBERT COMBS | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF | | BOISE ID 83713 | | 4421 N CRESWELL PL BOISE ID 83713 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | USA | | | | | |
| 4. Limited Liability Compan | iles: Enter Nar | mes and Addresses of at I | least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MEMBER ROBERT E COMBS | | COMBS | 13601 W MCMILLAN RD STE. 102-304 | BOISE | ID | USA | 83713 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Robert Combs | | Date: 04/24/2012 | | | |
| W 31491 | | Name (type or print): | Title: Member | | | | |
| Processed 04/24/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | |