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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 25838</b>                                                                                                                                     |                        | <b>Due no later than Sep 30, 2011</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>NEWBERRY BUILDING LLC (THE)<br>MICHAEL JAMES JOHNSTON<br>160 NORTH MAIN STREET<br>PO BOX 10<br>POCATELLO ID 83204-0010 |           | MICHAEL JAMES JOHNSTON<br>160 N MAIN ST<br>POCATELLO ID 83204 |         |             |  |
|                                                                                                                                                        |                        |                                                                                                                                                                                     |           | 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                                                                                                                                                | MICHAEL JAMES JOHNSTON | 160 NORTH MAIN STREET PO BOX 10                                                                                                                                                     | POCATELLO | ID                                                            | USA     | 83204       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 25838</b>                                                                                           |                        | 6. Annual Report must be signed.*<br>Signature: Michael James Johnston<br>Name (type or print): Michael James Johnston<br>Date: 07/22/2011<br>Title: Manager                        |           |                                                               |         |             |  |
| Processed 07/22/2011                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                                           |           |                                                               |         |             |  |