| No. <b>W 50936</b>   |                             | Due no later than May 31, 2012   |                | 2. Registered Agent and Address (NO PO BOX)                       |            |                |  |
|--|-----------------------------|--|----------------|---|------------|----------------|--|
| Return to:   |                             | Annual Report Form  1. Mailing Address: Correct in this box if needed.  SCOTT COMMUNITY SERVICES, LLC  WILLIAM K SCOTT  BOX 307  DEARY ID 83823  USA |                | WM KEITH SCOTT  |            |                |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | SCOTT CO<br>WILLIAM F       |  |                | 507 OREGON ST DEARY ID 83823  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   | USA                         |  |                |   |            |                |  |
| 4. Limited Liability Companies: E  | nter Names and Addre        | esses of at least one Member or Manager.   |                |   |            |                |  |
| Office Held Name   | e                           | Street or PO Address   | City           | State   | Country    | Postal Code    |  |
|  | KEITH SCOTT<br>NNIE J SCOTT | BOX 307<br>BOX 307   | DEARY<br>DEARY | ID<br>ID  | USA<br>USA | 83823<br>83823 |  |
| 5. Organized Under the Laws of   | : 6. Annual Re              | port must be signed.*  |                |   |            |                |  |
| ID   | Signature:                  | Signature: Wm Keith Scott Date: 03/13/2012   |                |   |            |                |  |
| W 50936  | Name (typ                   | Name (type or print): Wm Keith Scott Title: Member   |                |   |            |                |  |
| Processed 03/13/2012   | * Electronicall             | * Electronically provided signatures are accepted as original signatures.  |                |   |            |                |  |