

|                                                                                                                                                        |                    |                                                                                                                                                                           |             |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 61905</b>                                                                                                                                     |                    | <b>Due no later than Apr 30, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>GRASS N GO LLC<br>ROBERT C FRANC<br>9179 PRESCOTT DR<br>HAYDEN ID 83835 |             | ROBERT C FRANC<br>9179 PRESCOTT DR<br>HAYDEN ID 83835 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                           |             | 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                                                                                                                                                | ROBERT C FRANC     | 9179 PRESCOTT DR                                                                                                                                                          | HAYDEN      | ID                                                    | USA     | 83835       |  |
| MANAGER                                                                                                                                                | ANTHONY P VILLELLI | 3019 POINT HAYDEN DR                                                                                                                                                      | HAYDEN LAKE | ID                                                    | USA     | 83835       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 61905</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Robert C Franc<br>Name (type or print): Robert C Franc<br>Date: 06/27/2010<br>Title: Manager                              |             |                                                       |         |             |  |
| Processed 06/27/2010                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                 |             |                                                       |         |             |  |