

|                                                                                                                                                        |          |                                                                                                                                                                            |       |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 57814</b>                                                                                                                                     |          | <b>Due no later than Jan 31, 2009</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>12TH AVE., LLC<br>MICHAEL N FERY<br>2700 W AIRPORT WAY<br>BOISE ID 83705 |       | MICHAEL N FERY<br>2700 W AIRPORT WAY<br>BOISE ID 83705 |         |                  |  |
|                                                                                                                                                        |          |                                                                                                                                                                            |       | 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                                                                                                                                                | ABC, LLC | 2700 W AIRPORT WAY                                                                                                                                                         | BOISE | ID                                                     | USA     | 83705            |  |
| 5. Organized Under the Laws of:                                                                                                                        |          | 6. Annual Report must be signed.*                                                                                                                                          |       |                                                        |         |                  |  |
| <b>ID<br/>W 57814</b>                                                                                                                                  |          | Signature: Michael N. Fery                                                                                                                                                 |       |                                                        |         | Date: 11/30/2010 |  |
|                                                                                                                                                        |          | Name (type or print): Michael N. Fery                                                                                                                                      |       |                                                        |         | Title: Manager   |  |
| Processed 11/30/2010                                                                                                                                   |          | * Electronically provided signatures are accepted as original signatures.                                                                                                  |       |                                                        |         |                  |  |