

|                                                                                                                                                        |                  |                                                                                                                                                    |       |                                                                |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 11891</b>                                                                                                                                     |                  | <b>Due no later than May 31, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>MN5, LLC<br>JENNIFER WILLETT<br>3916 E IMMIGRANT PASS CT<br>BOISE ID 83716<br>USA |       | JENNIFER WILLETT<br>3916 E IMMIGRANT PASS CT<br>BOISE ID 83716 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                    |       | 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 |  |
| MEMBER                                                                                                                                                 | MICHAEL WILLETT  | 3916 E IMMIGRANT PASS CT                                                                                                                           | BOISE | ID                                                             | USA     | 83716       |  |
| MEMBER                                                                                                                                                 | JENNIFER WILLETT | 3916 E IMMIGRANT PASS CT                                                                                                                           | BOISE | ID                                                             | USA     | 83716       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 11891</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Jennifer Willett<br>Name (type or print): Jennifer Willett                                         |       |                                                                |         |             |  |
| Date: 05/10/2010<br>Title: Member                                                                                                                      |                  |                                                                                                                                                    |       |                                                                |         |             |  |
| Processed 05/10/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                                |         |             |  |