

|                                                                                                                                                        |                |                                                                                                                                              |       |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 98796</b>                                                                                                                                     |                | <b>Due no later than Dec 31, 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>GREEN LOTS LLC<br>JASON GALLOWAY<br>623 S AMERICANA BLVD<br>BOISE ID 83702      |       | JASON GALLOWAY<br>623 S AMERICANA BLVD<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                              |       | 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                                                                                                                                                | JASON GALLOWAY | 623 S AMERICANA BLVD                                                                                                                         | BOISE | ID                                                       | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 98796</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Jason Galloway<br>Name (type or print): Jason Galloway<br>Date: 10/25/2011<br>Title: Manager |       |                                                          |         |             |  |
| Processed 10/25/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                    |       |                                                          |         |             |  |