

|                                                                                                                                                        |           |                                                                                                                                       |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 70251</b>                                                                                                                                     |           | <b>Due no later than Jan 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>MARIPOSA INVESTMENTS LLC<br>LISA FUNK<br>201 NANCY DR<br>BURLEY ID 83318 |        | LISA FUNK<br>201 NANCY DR<br>BURLEY ID 83318       |         |                  |  |
|                                                                                                                                                        |           |                                                                                                                                       |        | 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                                                                                                                                                | LISA FUNK | 201 NANCY DR                                                                                                                          | BURLEY | ID                                                 | USA     | 83318            |  |
| 5. Organized Under the Laws of:                                                                                                                        |           | 6. Annual Report must be signed.*                                                                                                     |        |                                                    |         |                  |  |
| <b>ID<br/>W 70251</b>                                                                                                                                  |           | Signature: Lisa Funk                                                                                                                  |        |                                                    |         | Date: 12/21/2009 |  |
|                                                                                                                                                        |           | Name (type or print): Lisa Funk                                                                                                       |        |                                                    |         | Title: Manager   |  |
| Processed 12/21/2009                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                             |        |                                                    |         |                  |  |