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|--|---|---|---|-------|---------|-------------|
| No. <b>W 92652</b>   | <b>Due no later than Apr 30, 2013</b><br><b>Annual Report Form</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>CASSANDRA H. AUNE LLC<br>CASSI H. AUNE<br>P.O. BOX 705<br>STAR ID 83669<br>USA |   | CASSANDREA H AUNE<br>1640 W CHERRY LANE<br>SUITE 110<br>MERIDIAN ID 83642 |       |         |             |
|  |   |   | 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  | CASSANDRA H AUNE  | P.O. BOX 705  | STAR  | ID    | USA     | 83669       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 92652</b>   | 6. Annual Report must be signed.*<br>Signature: Cassandra H. Aune<br>Name (type or print): Cassandra H. Aune                                |   | Date: 04/29/2013<br>Title: Manager  |       |         |             |
| Processed 04/29/2013   |   | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |