

|  |                        |   |       |  |         |                        |  |
|--|------------------------|---|-------|--|---------|------------------------|--|
| No. <b>W 110025</b>  |                        | <b>Due no later than Jan 31, 2013</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>SCOTT DIDRIKSEN, LLC<br>SCOTT NORMAN DIDRIKSEN<br>327 E ROCKINGHAM DR<br>EAGLE ID 83616<br>USA |       | SCOTT DIDRIKSEN<br>327 E ROCKINGHAM DR<br>EAGLE ID 83616 |         |                        |  |
|  |                        |   |       | 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  | SCOTT NORMAN DIDRIKSEN | 327 E. ROCKINGHAM DR  | EAGLE | ID   | USA     | 83616                  |  |
| 5. Organized Under the Laws of:  |                        | 6. Annual Report must be signed.*   |       |  |         |                        |  |
| <b>ID<br/>W 110025</b>   |                        | Signature: Scott Norman Didriksen   |       |  |         | Date: 02/26/2013       |  |
|  |                        | Name (type or print): Scott Norman Didriksen  |       |  |         | Title: Owner/President |  |
| Processed 02/26/2013   |                        | * Electronically provided signatures are accepted as original signatures.   |       |  |         |                        |  |