

|                                                                                                                                                        |                        |                                                                                                                                                              |           |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 1427</b>                                                                                                                                      |                        | <b>Due no later than Aug 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>MCLLOYD BARNEY PROPERTIES, LLC<br>KEVIN D BARNEY<br>3778 HIGHWAY 87<br>ISLAND PARK ID 83429 |           | KEVIN D BARNEY<br>3778 HIGHWAY 87<br>ISLAND PARK ID 83429 |         |             |  |
|                                                                                                                                                        |                        |                                                                                                                                                              |           | 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                                                                                                                                                | MCLLOYD BARNEY         | 3317 W CHARLESTON BLVD                                                                                                                                       | LAS VEGAS | NV                                                        | USA     | 89102       |  |
| MANAGER                                                                                                                                                | MARIANNE OLIVIA BARNEY | 3317 W CHARLESTON BLVD                                                                                                                                       | LAS VEGAS | NV                                                        | USA     | 89102       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 1427</b>                                                                                            |                        | 6. Annual Report must be signed.*<br>Signature: Kevin D Barney<br>Name (type or print): Kevin D Barney<br>Date: 08/18/2010<br>Title: Registered Agent        |           |                                                           |         |             |  |
| Processed 08/18/2010                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                    |           |                                                           |         |             |  |