

|                                                                                                                                                        |                   |                                                                                                                                             |       |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 63180</b>                                                                                                                                     |                   | <b>Due no later than May 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><br>PJ SMITH FAMILY F, LLC<br>SHANNON R SMITH<br>PO BOX 1542<br>BOISE ID 83701 |       | KIM GOURLEY<br>225 N 9TH STREET STE 820<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                                                                                                                                                | PHILIP J SMITH JR | PO BOX 1542                                                                                                                                 | BOISE | ID                                                        | USA     | 83701       |  |
| MANAGER                                                                                                                                                | SHANNON R SMITH   | PO BOX 1542                                                                                                                                 | BOISE | ID                                                        | USA     | 83701       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 63180</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Shannon R Smith<br>Name (type or print): Shannon R Smith                                    |       |                                                           |         |             |  |
|                                                                                                                                                        |                   | Date: 04/12/2011<br>Title: Manager                                                                                                          |       |                                                           |         |             |  |
| Processed 04/12/2011                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                   |       |                                                           |         |             |  |