

|                                                                                                                                                        |              |                                                                                  |       |                                                      |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------|-------|------------------------------------------------------|------------------|-------------|--|
| No. <b>W 4813</b>                                                                                                                                      |              | <b>Due no later than Oct 31, 2012</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>Annual Report Form</b>                                                        |       | BLAINE PRICE<br>6555 N OLD HWY 191<br>MALAD ID 83252 |                  |             |  |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b>                        |       | 3. <u>New</u> Registered Agent Signature:*           |                  |             |  |
|                                                                                                                                                        |              | LAZY E., LLC<br>BLAINE PRICE<br>6555 N OLD HWY 191<br>MALAD CITY ID 83252<br>USA |       |                                                      |                  |             |  |
| 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                                                                                                                                                | BLAINE PRICE | 6555 N OLD HWY 191                                                               | MALAD | ID                                                   | USA              | 83252       |  |
| MANAGER                                                                                                                                                | JOANN PRICE  | 6555 N OLD HWY 191                                                               | MALAD | ID                                                   | USA              | 83252       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                |       |                                                      |                  |             |  |
| <b>ID<br/>W 4813</b>                                                                                                                                   |              | Signature: Blaine Price                                                          |       |                                                      | Date: 09/01/2012 |             |  |
|                                                                                                                                                        |              | Name (type or print): Blaine Price                                               |       |                                                      | Title: Manager   |             |  |
| Processed 09/01/2012                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.        |       |                                                      |                  |             |  |