

|  |  |  |  |       |         |             |
|--|--|--|--|-------|---------|-------------|
| No. <b>W 9670</b>  | <b>Due no later than Sep 30, 2010</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>                          |  | CORPORATION SERVICE COMPANY<br>1401 SHORELINE DR STE 2<br>BOISE ID 83702 |       |         |             |
|  | SECURITY NATIONAL CONSUMER SERVICES, LLC<br>323 FIFTH ST<br>EUREKA CA 95501<br>USA |  | 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  | SECURITY NATIONAL MASTER<br>MANAGER, LLC   | 323 FIFTH ST   | EUREKA   | CA    | USA     | 95501       |
| 5. Organized Under the Laws of:<br><br><b>AK<br/>W 9670</b>  |  | 6. Annual Report must be signed.*<br>Signature: Robin P. Arkley II<br>Name (type or print): Robin P. Arkley II<br>Date: 08/18/2010<br>Title: Authorized Person |  |       |         |             |
| Processed 08/18/2010   |  | * Electronically provided signatures are accepted as original signatures.  |  |       |         |             |