| No. W 83385 | | Due no later than Apr 30, 2012 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------------|---|------------------------------------|-----------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | KAREN FOWLER | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SNAKE RIVER POINTING LABS, LLC KAREN FOWLER PO BOX 643 HEYBURN ID 83336 | | HEYBURN ID | 706 S RIVER DR HEYBURN ID 83336 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | anies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | MBER JUSTIN H FOWLER | | 525 SOUTH 300 WEST | HEYBURN | ID | USA | 83336 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Karen Fowler | | | Date: 02/29/2012 | | | |
| W 83385 | | Name (type or | | Title: Manager | | | | |
| Processed 02/29/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |