

|                                                                                                                                                        |                     |                                                                                                                                                 |            |                                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 73182</b>                                                                                                                                     |                     | <b>Due no later than Apr 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>TRES GRINGOS, LLC<br>GARY M WOLVERTON JR<br>PO BOX 5179<br>TWIN FALLS ID 83303 |            | GARY M WOLVERTON JR<br>1411 FALLS AVNEUE E. STE 1002<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |                     |                                                                                                                                                 |            | 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      |  |
| MEMBER                                                                                                                                                 | GARY M WOLVERTON JR | PO BOX 5179                                                                                                                                     | TWIN FALLS | ID                                                                          | USA     | 83303            |  |
| MEMBER                                                                                                                                                 | GERALD MARTENS      | 621 N COLLEGE RD STE 100                                                                                                                        | TWIN FALLS | ID                                                                          | USA     | 83301            |  |
| MEMBER                                                                                                                                                 | KEN STUTZMAN        | 2140 FLORAL AVENUE                                                                                                                              | TWIN FALLS | ID                                                                          | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                               |            |                                                                             |         |                  |  |
| <b>ID<br/>W 73182</b>                                                                                                                                  |                     | Signature: Gary Wolverton                                                                                                                       |            |                                                                             |         | Date: 02/14/2012 |  |
|                                                                                                                                                        |                     | Name (type or print): Gary Wolverton                                                                                                            |            |                                                                             |         | Title: President |  |
| Processed 02/14/2012                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                       |            |                                                                             |         |                  |  |