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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 38182</b>                                                                                                                                     |               | <b>Due no later than Apr 30, 2014</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>S & W CAPITAL, LLC<br>CATHIE A WASICK<br>3179 S WHITEPOST WAY<br>EAGLE ID 83616<br>USA |            | CATHIE WASICK<br>3179 S WHITEPOST WAY<br>EAGLE ID 83616 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                         |            | 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                                                                                                                                                | CATHIE WASICK | 801 LEES AVE                                                                                                                                            | LONG BEACH | CA                                                      | USA     | 90815       |  |
| MANAGER                                                                                                                                                | JOHN R SOSOKA | 848 ROXANNE AVE                                                                                                                                         | LONG BEACH | CA                                                      | USA     | 90815       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 38182</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Cathie Wasick<br>Name (type or print): Cathie Wasick<br>Date: 02/09/2014<br>Title: Manager              |            |                                                         |         |             |  |
| Processed 02/09/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                               |            |                                                         |         |             |  |