

|                                                                                                                                                        |                |                                                                                                                                            |         |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 96589</b>                                                                                                                                     |                | <b>Due no later than Sep 30, 2013</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>ZOANNE MCGARRY LLC<br>ZOANNE MCGARRY<br>1467 W 550 S<br>PINGREE ID 83262-1305 |         | ZOANNE MCGARRY<br>1467 W 550 S<br>PINGREE ID 83262-1305 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                            |         | 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                                                                                                                                                | ZOANNE MCGARRY | 1467 W. 550 S                                                                                                                              | PINGREE | ID                                                      | USA     | 83262-1305       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                          |         |                                                         |         |                  |  |
| <b>ID<br/>W 96589</b>                                                                                                                                  |                | Signature: Zoanne McGarry                                                                                                                  |         |                                                         |         | Date: 07/18/2013 |  |
|                                                                                                                                                        |                | Name (type or print): Zoanne McGarry                                                                                                       |         |                                                         |         | Title: Manager   |  |
| Processed 07/18/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                  |         |                                                         |         |                  |  |