

|                                                                                                                                                        |                  |                                                                                                                                                          |             |                                                                  |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 78092</b>                                                                                                                                     |                  | <b>Due no later than Oct 31, 2010</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>ANDRUS VENTURES LLC<br>MICHAEL S ANDRUS<br>637 S BELLE ARBOR DR<br>IDAHO FALLS ID 83406 |             | MICHAEL S ANDRUS<br>637 S BELLE ARBOR DR<br>IDAHO FALLS ID 83406 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                          |             | 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                                                                                                                                                 | MICHAEL S ANDRUS | 637 S BELLE ARBOR DR                                                                                                                                     | IDAHO FALLS | ID                                                               | USA     | 83406            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                        |             |                                                                  |         |                  |  |
| <b>ID<br/>W 78092</b>                                                                                                                                  |                  | Signature: Michael S Andrus                                                                                                                              |             |                                                                  |         | Date: 08/16/2010 |  |
|                                                                                                                                                        |                  | Name (type or print): Michael S Andrus                                                                                                                   |             |                                                                  |         | Title: President |  |
| Processed 08/16/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                |             |                                                                  |         |                  |  |