

|  |                |  |        |  |         |                  |  |
|--|----------------|--|--------|--|---------|------------------|--|
| No. <b>W 35643</b>   |                | <b>Due no later than Jan 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>LYONS PRIDE, LLC<br>ROBERT P LYONS<br>P O BOX 1774<br>MCCALL ID 83638 |        | ROBERT P LYONS<br>903 ANN ST<br>MCCALL ID 83638    |         |                  |  |
|  |                |  |        | 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  | ROBERT P LYONS | P O BOX 1774   | MCCALL | ID   | USA     | 83638            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |        |  |         |                  |  |
| <b>ID<br/>W 35643</b>  |                | Signature: Robert Lyons  |        |  |         | Date: 01/18/2010 |  |
|  |                | Name (type or print): Robert Lyons   |        |  |         | Title: Manager   |  |
| Processed 01/18/2010   |                | * Electronically provided signatures are accepted as original signatures.  |        |  |         |                  |  |