

|  |               |  |        |  |         |             |  |
|--|---------------|--|--------|--|---------|-------------|--|
| No. <b>W 59463</b>   |               | <b>Due no later than Feb 28, 2009</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>MONSTER 4X4 PERFORMANCE, LLC<br>KEVIN L ORTON<br>256 W 3RD #E33<br>BURLEY ID 83318<br>USA |        | KEVIN ORTON<br>256 W 3RD # E 33<br>BURLEY ID 83318 |         |             |  |
|  |               |  |        | 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  | KEVIN L ORTON | 256 W 3RD #E33   | BURLEY | ID   | USA     | 83318       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 59463</b>   |               | 6. Annual Report must be signed.*<br>Signature: Kevin Orton<br>Name (type or print): Kevin Orton<br>Date: 03/08/2009<br>Title: Manager                 |        |  |         |             |  |
| Processed 03/08/2009   |               | * Electronically provided signatures are accepted as original signatures.  |        |  |         |             |  |