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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>W 58100</b>                                                                                                                                     |                  | <b>Due no later than Jan 31, 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>OWYHEE DOG TRAINING L.L.C.<br>MEGAN J TOWNSEND<br>20519 HOMEDALE RD.<br>CALDWELL ID 83607 |          | MEGAN J HOPKINS<br>20519 HOMEDALE RD<br>CALDWELL ID 83607 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                        |          | 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                                                                                                                                                | MEGAN J TOWNSEND | 20519 HOMEDALE RD.                                                                                                                                     | CALDWELL | ID                                                        | USA     | 83607            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                      |          |                                                           |         |                  |  |
| <b>ID<br/>W 58100</b>                                                                                                                                  |                  | Signature: Megan J Townsend                                                                                                                            |          |                                                           |         | Date: 01/31/2013 |  |
|                                                                                                                                                        |                  | Name (type or print): Megan J Townsend                                                                                                                 |          |                                                           |         | Title: Manager   |  |
| Processed 01/31/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                              |          |                                                           |         |                  |  |