

|                                                                                                                                                        |                |                                                                                                                                              |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 45045</b>                                                                                                                                     |                | Due no later than Dec 31, 2010                                                                                                               |        | 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>LICKLEY, LLC<br>LONNIE LICKLEY<br>433 S 700 E<br>JEROME ID 83338            |        | LONNIE LICKLEY<br>433 S 700 E<br>JEROME ID 83338   |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                              |        | 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                                                                                                                                                | LONNIE LICKLEY | 433 S 700 E                                                                                                                                  | JEROME | ID                                                 | USA     | 83338       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 45045</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Lonnie Lickley<br>Name (type or print): Lonnie Lickley<br>Date: 10/14/2010<br>Title: Manager |        |                                                    |         |             |  |
| Processed 10/14/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                    |        |                                                    |         |             |  |