

|  |                  |   |            |  |                  |             |  |
|--|------------------|---|------------|--|------------------|-------------|--|
| No. <b>W 58765</b>   |                  | <b>Due no later than Feb 28, 2011</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>Annual Report Form</b>   |            | CHARITY GIBSON<br>11 S MAIN ST<br>MALAD ID 83252   |                  |             |  |
|  |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                 |            | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|  |                  | LIMERICK'S LLC<br>11 S MAIN ST<br>MALAD CITY ID 83252                     |            |  |                  |             |  |
| 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  | CHARITY GIBSON   | 7215 BERMUDA RD   | LAS VEGAS  | NV   | USA              | 89119       |  |
| MEMBER   | KELLY M BROWER   | 34 W. 400 N.  | MALAD CITY | ID   | USA              | 83252-430   |  |
| MANAGER  | CHARITY L GIBSON | 7215 BERMUDA RD   | LAS VEGAS  | NV   | USA              | 89119       |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |            |  |                  |             |  |
| <b>ID<br/>W 58765</b>  |                  | Signature: Kelly M Brower   |            |  | Date: 01/16/2011 |             |  |
|  |                  | Name (type or print): Kelly M Brower                                      |            |  | Title: Officer   |             |  |
| Processed 01/16/2011   |                  | * Electronically provided signatures are accepted as original signatures. |            |  |                  |             |  |