

|  |                 |  |            |  |         |                                |  |
|--|-----------------|--|------------|--|---------|--------------------------------|--|
| No. <b>W 13054</b>   |                 | Due no later than Sep 30, 2009   |            | 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><br><b>1. Mailing Address: Correct in this box if needed.</b><br>KICKBACK POINTS, L.L.C.<br>DANIEL L WILLIE<br>1017 S 1150 E<br>EDEN ID 83325 |            | DANIEL L WILLIE<br>1017 S 1150 E<br>EDEN ID 83325  |         |                                |  |
|  |                 |  |            | 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                    |  |
| MEMBER   | DANIEL L WILLIE | 1017 S 1150 E  | EDEN       | ID   | USA     | 83325                          |  |
| MEMBER   | JOHN H YON      | 2487 E. 3300 N.  | TWIN FALLS | ID   | USA     | 83301                          |  |
| MEMBER   | TROY WILLIE     | 4144 SADDLER ST.   | TWIN FALLS | ID   | USA     | 83301                          |  |
| MEMBER   | MONT WILLIE     | 2837 LEEANN DR.  | TWIN FALLS | ID   | USA     | 83301                          |  |
| MEMBER   | PATRICK LEWIS   | 510 GRANDVIEW DR. N.   | TWIN FALLS | ID   | USA     | 83301                          |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |            |  |         |                                |  |
| <b>ID<br/>W 13054</b>  |                 | Signature: John H. Yon, C.P.A.<br>Name (type or print): John H. Yon, C.P.A.  |            |  |         | Date: 07/28/2009<br>Title: Cfo |  |
| Processed 07/28/2009   |                 | * Electronically provided signatures are accepted as original signatures.  |            |  |         |                                |  |