| No. <b>W 90759</b>   |                   | Due no later than Feb 28, 2013              |  | 2. Registered Agent and Address (NO PO BOX) |  |       |         |             |
|--|-------------------|---|--|---|--|-------|---------|-------------|
| Return to:   |                   | Annual Report Form                          |  |   | PAT O'MALEY  |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                   | SLASH T RODEO<br>PAT O'MALEY<br>5604 HWY 95 | dress: Correct in this box if needs O COMPANY, LLC G ID 83654-4860 | ed.   | 5604 HWY 95 NEW MEADOWS ID 83654-4860  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                   | USA   |  |   |  |       |         |             |
| 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   | DREW J BLESSINGER |   | 15977 GUNFIRE RD   |   | CALDWELL   | ID    | USA     | 83607       |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*           |  |   |  |       |         |             |
| ID<br>W 90759  |                   | Signature: Drew Blessinger                  |  |   | Date: 02/22/2013   |       |         |             |
|  |                   | Name (type or print): Drew Blessinger       |  |   | Title: Manager   |       |         |             |
| Processed 02/22/2013 * Electronically provided signatures are accepted as original signatures. |                   |   |  |   |  |       |         |             |