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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------|---------------------|
| No. <b>W 84353</b>                                                                                                                                     |                   | <b>Due no later than Jun 30, 2012</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MOOTZ, LLC<br>DALE R NOSWORTHY<br>4045 N GOVERNMENT WAY<br>COEUR D'ALENE ID 83815 |               | R DALE NOSWORTHY<br>4045 N GOVERNMENT WAY<br>COEUR D'ALENE ID 83815 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                     |               | 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                                                                                                                                                | KELLY S NOSWORTHY | 4079 N HUNTERCREST DR                                                                                                                                                               | COEUR D ALENE | ID                                                                  | USA 83815           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84353</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Kelly Nosworthy<br>Name (type or print): Kelly Nosworthy<br>Date: 05/04/2012<br>Title: Manager                                      |               |                                                                     |                     |
| Processed 05/04/2012                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                           |               |                                                                     |                     |