

|                                                                                                                                                        |                 |                                                                                                                                                                                        |       |                                                          |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 84895</b>                                                                                                                                     |                 | <b>Due no later than Jun 30, 2013</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>A BLUE SKY VENTURE LLC<br>BRIAN D SWIKERT<br>5 N QUEEN VICTORIA CT<br>NAMPA ID 83687 |       | BRIAN SWIKERT<br>5 N QUEEN VICTORIA CT<br>NAMPA ID 83687 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                        |       | 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                                                                                                                                                 | BRIAN D SWIKERT | 5 N QUEEN VICTORIA CT                                                                                                                                                                  | NAMPA | ID                                                       | USA     | 83687            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                                      |       |                                                          |         |                  |  |
| <b>ID<br/>W 84895</b>                                                                                                                                  |                 | Signature: Brian Swikert                                                                                                                                                               |       |                                                          |         | Date: 06/04/2013 |  |
|                                                                                                                                                        |                 | Name (type or print): Brian Swikert                                                                                                                                                    |       |                                                          |         | Title: Manager   |  |
| Processed 06/04/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                              |       |                                                          |         |                  |  |