

|                                                                                                                                                        |                   |                                                                                                                                           |           |                                                    |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|
| No. <b>W 916</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>1. Mailing Address: Correct in this box if needed.</b><br>ROY-LYNN, L.L.C.<br>LYNN B CORNELISON<br>527 N 4TH AVE<br>POCATELLO ID 83201 |           | ROY BROWN<br>527 N 4TH AVE<br>POCATELLO ID 83201   |         |
|                                                                                                                                                        |                   |                                                                                                                                           |           | 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 |
| MEMBER                                                                                                                                                 | LYNN B CORNELISON | 527 N 4TH AVE                                                                                                                             | POCATELLO | ID                                                 | USA     |
| Postal Code 83201                                                                                                                                      |                   |                                                                                                                                           |           |                                                    |         |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 916</b>                                                                                             |                   | 6. Annual Report must be signed.*<br>Signature: Lynn B Cornelison<br>Name (type or print): Lynn B Cornelison                              |           |                                                    |         |
|                                                                                                                                                        |                   | Date: 01/24/2011<br>Title: Member                                                                                                         |           |                                                    |         |
| Processed 01/24/2011                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                 |           |                                                    |         |