

|                                                                                                                                                        |                   |                                                                                                                                                                                    |        |                                                           |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|---------------------|
| No. <b>W 23035</b>                                                                                                                                     |                   | <b>Due no later than Mar 31, 2014</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>GFORSE BIKES L.L.C.<br>STEVEN L FORSNESS<br>649 W WYOMING AVE<br>HAYDEN ID 83835 |        | STEVEN L FORSNESS<br>649 W WYOMING AVE<br>HAYDEN ID 83835 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                    |        | 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                                                                                                                                                | STEVEN L FORSNESS | 649 W WYOMING AVE                                                                                                                                                                  | HAYDEN | ID                                                        | USA 83835           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 23035</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: SL Forsness<br>Name (type or print): SL Forsness<br>Date: 05/09/2014<br>Title: President                                           |        |                                                           |                     |
| Processed 05/09/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                          |        |                                                           |                     |