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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 43859</b>                                                                                                                                     |              | <b>Due no later than Oct 31, 2009</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><br>AAO PROPERTIES, L.L.C.<br>TAWNI WEAVER<br>951 E PLAZA DR STE 150<br>EAGLE ID 83616 |       | TAWNI WEAVER<br>951 E PLAZA DR STE 170<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                     |       | 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                                                                                                                                                 | TAWNI WEAVER | 951 E PLAZA DR STE 150                                                                                                                              | EAGLE | ID                                                       | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                   |       |                                                          |         |                  |  |
| <b>ID<br/>W 43859</b>                                                                                                                                  |              | Signature: Tawni Weaver                                                                                                                             |       |                                                          |         | Date: 11/12/2009 |  |
|                                                                                                                                                        |              | Name (type or print): Tawni Weaver                                                                                                                  |       |                                                          |         | Title: Manager   |  |
| Processed 11/12/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                          |         |                  |  |