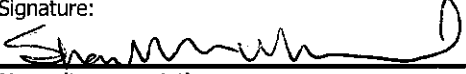


No. W 14170	Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SHAWN MULHOLLAND 11244 S DEMPSEY CR LAVA HOT SPRINGS ID 83246																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. APAK L.L.C. SHAWN OR LESLIE MULHOLLAND PO BOX 370 LAVA HOT SPRINGS ID 83246		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>SHAWN MULHOLLAND</td> <td>PO BOX 370 LAVA HOT SP</td> <td>ID</td> <td>BAHWA</td> <td>83246</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LESLIE MULHOLLAND</td> <td>PO BOX 370 LAVA HOT SP</td> <td>ID</td> <td>BAHWA</td> <td>83246</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	SHAWN MULHOLLAND	PO BOX 370 LAVA HOT SP	ID	BAHWA	83246		Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LESLIE MULHOLLAND	PO BOX 370 LAVA HOT SP	ID	BAHWA	83246		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	SHAWN MULHOLLAND	PO BOX 370 LAVA HOT SP	ID	BAHWA	83246																																	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LESLIE MULHOLLAND	PO BOX 370 LAVA HOT SP	ID	BAHWA	83246																																	
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 14170		6. Signature:  Date: <u>1-31-13</u> Name (type or print): <u>SHAWN MULHOLLAND</u> Title: <u>member</u>																																				
Issued 02/05/2013 by CLH		109296																																				