

|                                                                                                                                                        |                   |                                                                                                                                  |         |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 63010</b>                                                                                                                                     |                   | Due no later than May 31, 2011                                                                                                   |         | 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>LOA GEMS LLC<br>JOHN SEILLER<br>PO BOX 6090<br>KETCHUM ID 83340 |         | LEANNE ROSKO DOTY<br>380 N WALNUT AVE<br>KETCHUM ID 83340 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                  |         | 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                                                                                                                                                 | LEANNE ROSKO DOTY | PO BOX 2528                                                                                                                      | KETCHUM | ID                                                        | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 63010</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: John Seiller<br>Name (type or print): John Seiller                               |         |                                                           |         |             |  |
|                                                                                                                                                        |                   | Date: 05/10/2011<br>Title: Organizer                                                                                             |         |                                                           |         |             |  |
| Processed 05/10/2011                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                        |         |                                                           |         |             |  |