| No. <b>W 104345</b>  |                          | Due no later than Jun 30, 2012   |                      | 2. Registered Ag                                    | 2. Registered Agent and Address (NO PO BOX)                                 |         |             |  |
|--|--------------------------|--|----------------------|---|---|---------|-------------|--|
| Return to:   |                          | Annual Report Form   |                      | to provide an area of the control of the control of | HAROLD M GOSSELAAR  |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                          | 1. Mailing Address: Correct in this box if needed.  GOSSELAAR POWER SPORTS LLC HAROLD M GOSSELAAR PO BOX 228 WHITE BIRD ID 83554 |                      | WHITE BIRD  | 138 BLUE GROUSE RD WHITE BIRD ID 83554  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                          | USA  |                      |   |   |         |             |  |
| 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   | EMBER SHIREE M GOSSELAAR |  | 138 BLUE GROUSE RD   | WHITE BIRD  | ID  | USA     | 83554       |  |
| 5. Organized Under the Laws of:  |                          | 6. Annual Report must be signed.*  |                      |   |   |         |             |  |
| ID   |                          | Signature: Hard  |                      | Date: 07/12/2012                                    |   |         |             |  |
| W 104345   |                          | Name (type or  |                      | Title: Owner  |   |         |             |  |
| Processed 07/12/2012 * Electronically provided signatures are accepted as original signatures. |                          |  |                      |   |   |         |             |  |