| No. W 96006 | | Due no later than Aug 31, 2012 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------------------------------------------------------------------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MAPE, LLC DEBBIE MCDONALD 4406 N TIVERTON PL BOISE ID 83702 | | 4406 N TIV BOISE ID | DEBBIE MCDONALD 4406 N TIVERTON PL BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 | DEBBIE S MCDONALD | | 4406 NORTH TIVERTON PL | BOISE | ID | USA | 83702 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Debb | | Date: 06/25/2012 | | | | |
| W 96006 | | Name (type or p | | Title: Manager | | | | |
| Processed 06/25/2012 | rocessed 06/25/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | |