

|                                                                                                                                                        |                 |                                                                                                                                                       |             |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 8499</b>                                                                                                                                      |                 | <b>Due no later than Apr 30, 2011</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>J. MOON AND S.L. MYERS L.L.C.<br>JOHN MOON<br>466 E ANDERSON<br>IDAHO FALLS ID 83401 |             | JOHN MOON<br>466 E ANDERSON<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                       |             | 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                                                                                                                                                 | JOHN MOON       | 466 E ANDERSON                                                                                                                                        | IDAHO FALLS | ID                                                  | USA     | 83401       |  |
| MEMBER                                                                                                                                                 | STEPHEN L MYERS | 207 HAYSTACK LOOP                                                                                                                                     | INKOM       | ID                                                  | USA     | 83245       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 8499</b>                                                                                            |                 | 6. Annual Report must be signed.*<br>Signature: John Moon<br>Name (type or print): John Moon<br>Date: 02/08/2011<br>Title: Sec./treasurer             |             |                                                     |         |             |  |
| Processed 02/08/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                             |             |                                                     |         |             |  |