

|                                                                                                                                                        |                 |                                                                                                                                            |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 17563</b>                                                                                                                                     |                 | <b>Due no later than Dec 31, 2012</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>LOGAN-GLO LLC<br>CRAIG N JORGENS<br>580 DALEWOOD DRIVE<br>ORINDA CA 94563 |        | CORSER LLC<br>413 CEDAR ST<br>WALLACE ID 83873     |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                            |        | 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                                                                                                                                                 | CRAIG N JORGENS | 580 DALEWOOD DRIVE                                                                                                                         | ORINDA | CA                                                 | USA     | 94563       |  |
| MEMBER                                                                                                                                                 | LISA L JORGENS  | 580 DALEWOOD DRIVE                                                                                                                         | ORINDA | CA                                                 | USA     | 94563       |  |
| MEMBER                                                                                                                                                 | LAURA L JORGENS | 580 DALEWOOD DRIVE                                                                                                                         | ORINDA | CA                                                 | USA     | 94563       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 17563</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Craig jorgens<br>Name (type or print): Craig jorgens                                       |        |                                                    |         |             |  |
|                                                                                                                                                        |                 | Date: 10/30/2012<br>Title: Member                                                                                                          |        |                                                    |         |             |  |
| Processed 10/30/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                  |        |                                                    |         |             |  |