

|                                                                                                                                                        |               |                                                                                                                                                            |         |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 116324</b>                                                                                                                                    |               | <b>Due no later than Sep 30, 2014</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>SV INVESTMENTS, INC.<br>SCOTT A TSCHIRGI<br>209 WEST MAIN STREET<br>BOISE ID 83702<br>USA |         | THOMAS J NUNAMAKER<br>1941 S ROOSEVELT<br>BOISE ID 83705 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                            |         | 3. <u>New</u> Registered Agent Signature:*               |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |                                                                                                                                                            |         |                                                          |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                                       | City    | State                                                    | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | JON NUNAMAKER | 565 BROSTEN LANE                                                                                                                                           | BIGFORK | MT                                                       | USA     | 59911       |  |
| DIRECTOR                                                                                                                                               | TOM NUNAMAKER | 1941 S ROOSEVELT                                                                                                                                           | BOISE   | ID                                                       | USA     | 83705       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 116324</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Scott Tschirgi<br>Name (type or print): Scott Tschirgi                                                     |         |                                                          |         |             |  |
| Date: 07/14/2014<br>Title: Asst. Secretary                                                                                                             |               |                                                                                                                                                            |         |                                                          |         |             |  |
| Processed 07/14/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                  |         |                                                          |         |             |  |