

|  |                  |  |               |  |         |             |  |
|--|------------------|--|---------------|--|---------|-------------|--|
| No. <b>W 20589</b>   |                  | <b>Due no later than Sep 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>CORSO PARTNERS, LLC<br>RICHARD BELLUZZO<br>88 KING ST #1205<br>SAN FRANCISCO CA 94107           |               | TERRY C COPPLE<br>199 N CAPITOL BLVD STE 600<br>BOISE ID 83702 |         |             |  |
|  |                  |  |               | 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   | RICHARD BELLUZZO | 88 KING STREET #1205   | SAN FRANCISCO | CA   | USA     | 94107       |  |
| MEMBER   | CHARLYN BELLUZZO | 88 KING STREET #1205   | SAN FRANCISCO | CA   | USA     | 94107       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 20589</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Dr. Charlyn Belluzzo<br>Name (type or print): Dr. Charlyn Belluzzo<br>Date: 07/23/2011<br>Title: Managing Member |               |  |         |             |  |
| Processed 07/23/2011   |                  | * Electronically provided signatures are accepted as original signatures.  |               |  |         |             |  |