

|                                                                                                                                                        |            |                                                                                                                                                |          |                                                    |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------------|--|
| No. <b>W 65483</b>                                                                                                                                     |            | <b>Due no later than Aug 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>RMK SERVICES LLC<br>1096 NORTH EASTLAND DRIVE<br>SUITE 200<br>TWIN FALLS ID 83301 |          | RYAN FUCHS<br>123 S 9TH ST<br>BELLEVUE ID 83313    |         |                   |  |
|                                                                                                                                                        |            |                                                                                                                                                |          | 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                                                                                                                                                 | RYAN FUCHS | 123 S 9TH ST                                                                                                                                   | BELLEVUE | ID                                                 | USA     | 83313             |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                              |          |                                                    |         |                   |  |
| <b>ID<br/>W 65483</b>                                                                                                                                  |            | Signature: Nicole Wilson                                                                                                                       |          |                                                    |         | Date: 06/12/2012  |  |
|                                                                                                                                                        |            | Name (type or print): Nicole Wilson                                                                                                            |          |                                                    |         | Title: Bookkeeper |  |
| Processed 06/12/2012                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                      |          |                                                    |         |                   |  |