

|                                                                                                                                                        |                  |                                                                                                                                                    |           |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 12992</b>                                                                                                                                     |                  | <b>Due no later than Sep 30, 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>SUEMAC, L.L.C.<br>MICHAEL J. JENSEN<br>624 W 100 S<br>BLACKFOOT ID 83221<br>USA   |           | MICHAEL J JENSEN<br>624 W 100 S<br>BLACKFOOT ID 83221 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                    |           | 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 |  |
| MANAGER                                                                                                                                                | MICHAEL J JENSEN | 624 W. 100 S.                                                                                                                                      | BLACKFOOT | ID                                                    | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 12992</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Michael J. Jensen<br>Name (type or print): Michael J. Jensen<br>Date: 07/13/2012<br>Title: Manager |           |                                                       |         |             |  |
| Processed 07/13/2012                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                          |           |                                                       |         |             |  |