

|  |                   |   |             |  |         |             |  |
|--|-------------------|---|-------------|--|---------|-------------|--|
| No. <b>J 2233</b>  |                   | <b>Due no later than Dec 31, 2014</b><br><b>Annual Report Form</b>  |             | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MY DEALS ROCK LLP<br>MICHELE WATSON<br>465 MAY ST<br>IDAHO FALLS ID 83401<br>USA     |             | MICHELE WATSON<br>465 MAY ST<br>IDAHO FALLS 83401    |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                   |   |             | 3. <u>New</u> Registered Agent Signature:*           |         |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. |                   |   |             |  |         |             |  |
| Office Held  | Name              | Street or PO Address  | City        | State  | Country | Postal Code |  |
| PARTNER  | MICHELE D. WATSON | 465 MAY ST  | IDAHO FALLS | ID   | USA     | 83401       |  |
| PARTNER  | GARY M. WATSON    | 465 MAY ST  | IDAHO FALLS | ID   | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 2233</b>  |                   | 6. Annual Report must be signed.*<br><br>Signature: Michele Watson<br>Name (type or print): Michele Watson<br><br>Date: 10/28/2014<br>Title: Co-Owner |             |  |         |             |  |
| Processed 10/28/2014 * Electronically provided signatures are accepted as original signatures.     |                   |   |             |  |         |             |  |