

|                                                                                                    |                           |                                                                                                                                                              |  |                                                       |             |                |                      |
|----------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|-------------|----------------|----------------------|
| No. <b>W 20194</b>                                                                                 |                           | <b>Due no later than Aug 31, 2013</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>BERKSHIRE INVESTMENTS, LLC<br>THOMAS G MAILE, IV<br>380 W STATE ST<br>EAGLE ID 83616        |  | THOMAS G MAILE IV<br>380 W STATE ST<br>EAGLE ID 83616 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                   |                           |                                                                                                                                                              |  | 3. <u>New</u> Registered Agent Signature:*            |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                           |                                                                                                                                                              |  |                                                       |             |                |                      |
| Office Held<br>MANAGER                                                                             | Name<br>THOMAS G MAILE IV | Street or PO Address<br>380 W STATE ST                                                                                                                       |  | City<br>EAGLE                                         | State<br>ID | Country<br>USA | Postal Code<br>83616 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 20194</b>                                 |                           | 6. Annual Report must be signed.*<br><br>Signature: Thomas G. Maile IV<br>Name (type or print): Thomas G. Maile IV<br><br>Date: 06/14/2013<br>Title: Manager |  |                                                       |             |                |                      |
| Processed 06/14/2013 * Electronically provided signatures are accepted as original signatures.     |                           |                                                                                                                                                              |  |                                                       |             |                |                      |