

|                                                                                                                                                        |                |                                                                                      |       |                                                     |                   |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------|-------|-----------------------------------------------------|-------------------|-------------|--|
| No. <b>W 85802</b>                                                                                                                                     |                | <b>Due no later than Jul 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>Annual Report Form</b>                                                            |       | WILLIAM F WATT<br>464276 HWY 95 S<br>SAGLE ID 83860 |                   |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                            |       | 3. <u>New</u> Registered Agent Signature:*          |                   |             |  |
|                                                                                                                                                        |                | WATT KONA ENTERPRISES, LLC<br>MARK A HALLIDAY<br>PO BOX 249<br>SAGLE ID 83860<br>USA |       |                                                     |                   |             |  |
| 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                                                                                                                                                | FERN M WATT    | P.O. BOX 249                                                                         | SAGLE | ID                                                  | USA               | 83860       |  |
| MANAGER                                                                                                                                                | WILLIAM F WATT | P.O. BOX 249                                                                         | SAGLE | ID                                                  | USA               | 83860       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                    |       |                                                     |                   |             |  |
| <b>ID<br/>W 85802</b>                                                                                                                                  |                | Signature: Mark A. Halliday                                                          |       |                                                     | Date: 06/14/2012  |             |  |
|                                                                                                                                                        |                | Name (type or print): Mark A. Halliday                                               |       |                                                     | Title: Controller |             |  |
| Processed 06/14/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.            |       |                                                     |                   |             |  |