

|                                                                                                                                                        |                    |                                                                                                                                     |         |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 67286</b>                                                                                                                                     |                    | <b>Due no later than Oct 31, 2011</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>REDWOOD AVENUE, LLC<br>SHARON MALEY<br>PO BOX 7186<br>KETCHUM ID 83340 |         | SHARON MALEY<br>102 REDCLIFF<br>KETCHUM ID 83340   |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                     |         | 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                                                                                                                                                 | HANSON MALEY TRUST | PO BOX 7186                                                                                                                         | KETCHUM | ID                                                 | USA     | 83340            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                   |         |                                                    |         |                  |  |
| <b>ID<br/>W 67286</b>                                                                                                                                  |                    | Signature: Sharon Maley                                                                                                             |         |                                                    |         | Date: 08/17/2011 |  |
|                                                                                                                                                        |                    | Name (type or print): Sharon Maley                                                                                                  |         |                                                    |         | Title: Owner     |  |
| Processed 08/17/2011                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                           |         |                                                    |         |                  |  |