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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 2978</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>Annual Report Form</b>                                                                                                                                             |         | WILLIAM F MOSS, JR.<br>555 EDITH CIRCLE<br>REXBURG ID 83440 |                  |             |  |
|                                                                                                                                                        |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MAN'S IMAGE, LTD. LIABILITY CO. (THE)<br>WILLIAM F MOSS, JR.<br>555 EDITH CIRCLE<br>REXBURG ID 83440 |         | 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                                                                                                                                                 | WILLIAM F MOSS, JR. | 555 EDITH CIRCLE                                                                                                                                                      | REXBURG | ID                                                          | USA              | 83440       |  |
| MEMBER                                                                                                                                                 | KATHLEEN JOY MOSS   | 555 EDITH CIRCLE                                                                                                                                                      | REXBURG | ID                                                          | USA              | 83440       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                                                     |         |                                                             |                  |             |  |
| <b>ID<br/>W 2978</b>                                                                                                                                   |                     | Signature: William Moss                                                                                                                                               |         |                                                             | Date: 10/30/2011 |             |  |
|                                                                                                                                                        |                     | Name (type or print): William Moss                                                                                                                                    |         |                                                             | Title: Manager   |             |  |
| Processed 10/30/2011                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                             |         |                                                             |                  |             |  |