

|                                                                                                                                                        |                           |                                                                                                                                                            |       |                                                                       |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 107975</b>                                                                                                                                    |                           | <b>Due no later than Oct 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>1. Mailing Address: Correct in this box if needed.</b><br><br>KEMOSABE, L.L.C.<br>GUY JONES LEVINGSTON III<br>6066 E GRAND PRAIRIE DR<br>BOISE ID 83716 |       | GUY JONES LEVINGSTON III<br>6066 E GRAND PRAIRIE DR<br>BOISE ID 83716 |         |                  |  |
|                                                                                                                                                        |                           |                                                                                                                                                            |       | 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                                                                                                                                                 | CAROLYN DORSEY LEVINGSTON | 6066 E. GRAND PRAIRIE DR.                                                                                                                                  | BOISE | ID                                                                    | USA     | 83716            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                           | 6. Annual Report must be signed.*                                                                                                                          |       |                                                                       |         |                  |  |
| <b>ID<br/>W 107975</b>                                                                                                                                 |                           | Signature: Carolyn Levingston                                                                                                                              |       |                                                                       |         | Date: 08/28/2012 |  |
|                                                                                                                                                        |                           | Name (type or print): Carolyn Levingston                                                                                                                   |       |                                                                       |         | Title: Member    |  |
| Processed 08/28/2012                                                                                                                                   |                           | * Electronically provided signatures are accepted as original signatures.                                                                                  |       |                                                                       |         |                  |  |