

|                                                                                                                                                        |                        |                                                                                                                                               |       |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 106700</b>                                                                                                                                    |                        | <b>Due no later than Sep 30, 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>SCHLAG CO, LLC<br>MICHAEL SCHLAGENHAUF<br>975 N SPIREA AVE<br>BOISE ID 83713 |       | MICHAEL SCHLAGENHAUF<br>975 N SPIREA AVE<br>BOISE ID 83713 |         |                  |  |
|                                                                                                                                                        |                        |                                                                                                                                               |       | 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                                                                                                                                                 | MICHAEL B SCHLAGENHAUF | 975 N SPIREA AVE.                                                                                                                             | BOISE | ID                                                         | USA     | 83713            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                        | 6. Annual Report must be signed.*                                                                                                             |       |                                                            |         |                  |  |
| <b>ID<br/>W 106700</b>                                                                                                                                 |                        | Signature: Michael Schlagenhauf                                                                                                               |       |                                                            |         | Date: 08/02/2012 |  |
|                                                                                                                                                        |                        | Name (type or print): Michael Schlagenhauf                                                                                                    |       |                                                            |         | Title: Member    |  |
| Processed 08/02/2012                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                     |       |                                                            |         |                  |  |