

|                                                                                                                                                        |                 |                                                                                                                                                                          |        |                                                    |                                       |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------------------------------------|-------------|--|
| No. <b>W 21804</b>                                                                                                                                     |                 | Due no later than Dec 31, 2012                                                                                                                                           |        | 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><br><b>1. Mailing Address: Correct in this box if needed.</b><br>TETON DESIGNS, L.L.C.<br>HONDO A. MILLER<br>PO BOX 346<br>VICTOR ID 83455-0346 |        | HONDO MILLER<br>481 LUPINE LANE<br>VICTOR ID 83455 |                                       |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                          |        | 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                                                                                                                                                 | HONDO A. MILLER | 481 LUPINE LANE                                                                                                                                                          | VICTOR | ID                                                 | USA                                   | 83455-0346  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                        |        |                                                    |                                       |             |  |
| <b>ID<br/>W 21804</b>                                                                                                                                  |                 | Signature: Kelly Chircop<br>Name (type or print): Kelly Chircop                                                                                                          |        |                                                    | Date: 01/17/2013<br>Title: Bookkeeper |             |  |
| Processed 01/17/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                |        |                                                    |                                       |             |  |