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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------|---------------------|
| No. <b>W 116973</b>                                                                                                                                    |             | <b>Due no later than Aug 31, 2013</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>RAPID BURN LLC.<br>GARY WILSON<br>6 SAND HOLLOW LN<br>HORSESHOE BEND ID 83629 |                   | GARY WILSON<br>6 SAND HOLLOW LN<br>HORSESHOE BEND ID 83629 |                     |
|                                                                                                                                                        |             |                                                                                                                                                |                   | 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 |
| MANAGER                                                                                                                                                | GARY WILSON | 6 SAND HOLLOW LN                                                                                                                               | HORSESHOE<br>BEND | ID                                                         | USA 83629           |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                              |                   |                                                            |                     |
| <b>ID<br/>W 116973</b>                                                                                                                                 |             | Signature: Gary Wilson<br>Name (type or print): Gary Wilson                                                                                    |                   | Date: 06/12/2013<br>Title: Owner                           |                     |
| Processed 06/12/2013                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                      |                   |                                                            |                     |