| No. <b>C 77650</b>   |                   | Due no later than Jan 31, 2011  Annual Report Form  |   | 2. Registered Ag  | 2. Registered Agent and Address (NO PO BOX) BILL BOZZUTO |         |             |  |
|--|-------------------|---|---|-------------------|--|---------|-------------|--|
| Return to:   |                   |   |   | BILL BOZZUTO      |  |         |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                   | 1. Mailing Address: Correct in this box if needed.  |   |                   | 733 N MAIN STE G   |         |             |  |
|  |                   | SHEARWATER OF IDAHO, INC.<br>BOZZUTO ANDERSON & CO<br>733 N MAIN STE G<br>BELLEVUE ID 83313 |   |                   | BELLEVUE ID 83313  3. New Registered Agent Signature:*   |         |             |  |
|  |                   |   |   |                   |  |         |             |  |
| 1. Corporations: Ente  | r Names and Busin | ess Addresses of I  | President, Secretary, and Directors. Trea | surer (optional). |  |         |             |  |
| Office Held  | Name              |   | Street or PO Address                      | City              | State  | Country | Postal Code |  |
| DIRECTOR   | CAROL B M         | ORTIMER   | 7573 OAK LEAF DRIVE                       | SANTA ROSA        | CA   | USA     | 95409       |  |
| TREASURER  | CAROL B M         | ORTIMER   | 7573 OAK LEAF DRIVE                       | SANTA ROSA        | CA   | USA     | 95409       |  |
| SECRETARY  |                   |   | 7573 OAK LEAF DRIVE                       | SANTA ROSA        | CA   | USA     | 95409       |  |
| PRESIDENT  | CAROL B M         | ORTIMER   | 7573 OAK LEAF DRIVE                       | SANTA ROSA        | CA   | USA     | 95409       |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report  |   |                   |  |         |             |  |
| ID<br>C 77650  |                   | Signature: William Bozzuto  |   |                   | Date: 11/29/2010   |         |             |  |
|  |                   | Name (type or   |   | Title: Cpa        |  |         |             |  |
| Processed 11/29/2010   |                   | * Electronically provided signatures are accepted as original signatures.                   |   |                   |  |         |             |  |