

|                                                                                                                                                        |               |                                                                                                                                                                                    |       |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 67208</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>AULTERNATIVES IDAHO, LLC<br>SHAUNA AULT<br>7280 SOUTHSIDE BLVD<br>NAMPA ID 83686 |       | SHAUNA C AULT<br>7280 SOUTHSIDE BLVD<br>NAMPA ID 83686 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                                                    |       | 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                                                                                                                                                 | SHAUNA C AULT | 7280 SOUTHSIDE BLVD                                                                                                                                                                | NAMPA | ID                                                     | USA     | 83686            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                                  |       |                                                        |         |                  |  |
| <b>ID<br/>W 67208</b>                                                                                                                                  |               | Signature: Shauna C Ault                                                                                                                                                           |       |                                                        |         | Date: 08/20/2012 |  |
|                                                                                                                                                        |               | Name (type or print): Shauna C Ault                                                                                                                                                |       |                                                        |         | Title: Member    |  |
| Processed 08/20/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                          |       |                                                        |         |                  |  |