

|                                                                                                                                                        |                  |                                                                                                                                                                                       |       |                                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 69887</b>                                                                                                                                     |                  | <b>Due no later than Dec 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>OZCORP 2, LLC<br>RONALD L OSBORNE<br>13965 W CHINDEN BLVD STE 206<br>BOISE ID 83713 |       | RONALD L OSBORNE<br>13965 W CHINDEN BLVD STE 206<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      |  |
| MANAGER                                                                                                                                                | RONALD L OSBORNE | 13965 W CHINDEN BLVD STE 206                                                                                                                                                          | BOISE | ID                                                                 | USA     | 83713            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                     |       |                                                                    |         |                  |  |
| <b>ID<br/>W 69887</b>                                                                                                                                  |                  | Signature: Samuel Whitaker                                                                                                                                                            |       |                                                                    |         | Date: 10/22/2013 |  |
|                                                                                                                                                        |                  | Name (type or print): Samuel Whitaker                                                                                                                                                 |       |                                                                    |         | Title: Cfo       |  |
| Processed 10/22/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                             |       |                                                                    |         |                  |  |