

|  |                  |   |            |   |         |             |  |
|--|------------------|---|------------|---|---------|-------------|--|
| No. <b>W 40634</b>   |                  | <b>Due no later than Jun 30, 2010</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>VICKERS FAMILY #1, L.L.C.<br>JAMES R VICKERS<br>2309 ADDISON AVE EAST<br>TWIN FALLS ID 83301 |            | JAMES R VICKERS<br>2309 ADDISON AVE EAST<br>TWIN FALLS ID 83301 |         |             |  |
|  |                  |   |            | 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   | JAMES R VICKERS  | 2309 ADDISON AVE EAST   | TWIN FALLS | ID  | USA     | 83301       |  |
| MEMBER   | SANDRA L VICKERS | 2309 ADDISON AVE EAST   | TWIN FALLS | ID  | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 40634</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Jim Vickers<br>Name (type or print): Jim Vickers<br>Date: 04/29/2010<br>Title: Owner                          |            |   |         |             |  |
| Processed 04/29/2010   |                  | * Electronically provided signatures are accepted as original signatures.   |            |   |         |             |  |