

|                                                                                                                                                        |                    |                                                                           |           |                                                           |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------|-----------|-----------------------------------------------------------|------------------|-------------|--|
| No. <b>W 16906</b>                                                                                                                                     |                    | <b>Due no later than Oct 31, 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>Annual Report Form</b>                                                 |           | TOM ARTHUR GUSCOTT<br>507 S LINCOLN<br>SANDPOINT ID 83864 |                  |             |  |
|                                                                                                                                                        |                    | <b>1. Mailing Address: Correct in this box if needed.</b>                 |           | 3. <u>New</u> Registered Agent Signature:*                |                  |             |  |
|                                                                                                                                                        |                    | ARLO'S, L.L.C<br>TOM A GUSCOTT<br>330 N 1ST AVE<br>SANDPOINT ID 83864     |           |                                                           |                  |             |  |
| 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                                                                                                                                                 | TOM ARTHUR GUSCOTT | 507 S LINCOLN                                                             | SANDPOINT | ID                                                        | USA              | 83864       |  |
| MEMBER                                                                                                                                                 | LISA GUSCOTT       | 507 S LINCOLN                                                             | SANDPOINT | ID                                                        | USA              | 83864       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                         |           |                                                           |                  |             |  |
| <b>ID<br/>W 16906</b>                                                                                                                                  |                    | Signature: Tom Guscott                                                    |           |                                                           | Date: 12/21/2010 |             |  |
|                                                                                                                                                        |                    | Name (type or print): Tom Guscott                                         |           |                                                           | Title: Member    |             |  |
| Processed 12/21/2010                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures. |           |                                                           |                  |             |  |