

|                                                                                                                                                        |                |                                                                           |      |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 41755</b>                                                                                                                                     |                | <b>Due no later than Aug 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>                                                 |      | JON H ANDRUS<br>3981 E 109TH N<br>UCON ID 83454    |                  |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                 |      | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |                | JHAMB A FINANCIAL, LLC<br>MELINDA ANDRUS<br>PO BOX 147<br>UCON ID 83454   |      |                                                    |                  |             |  |
| 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                                                                                                                                                 | JON H ANDRUS   | 3981 E 109TH N                                                            | UCON | ID                                                 | USA              | 83454       |  |
| MEMBER                                                                                                                                                 | MELINDA ANDRUS | 3981 E 109TH N                                                            | UCON | ID                                                 | USA              | 83454       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                         |      |                                                    |                  |             |  |
| <b>ID<br/>W 41755</b>                                                                                                                                  |                | Signature: Melinda Andrus                                                 |      |                                                    | Date: 07/31/2010 |             |  |
|                                                                                                                                                        |                | Name (type or print): Melinda Andrus                                      |      |                                                    | Title: Member    |             |  |
| Processed 07/31/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures. |      |                                                    |                  |             |  |