

|  |                     |  |            |   |         |             |  |
|--|---------------------|--|------------|---|---------|-------------|--|
| No. <b>W 26912</b>   |                     | <b>Due no later than Nov 30, 2011</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>RL & RA, LLC<br>ROBERT L ANDERSON<br>3721 N 2544 E<br>TWIN FALLS ID 83301 |            | ROBERT L ANDERSON<br>3721 N 2544 E<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   | ROBERT L ANDERSON   | 3721 N 2544 E  | TWIN FALLS | ID  | USA     | 83301       |  |
| MEMBER   | ROCHELLE A ANDERSON | 3721 N 2544 E  | TWIN FALLS | ID  | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26912</b>   |                     | 6. Annual Report must be signed.*<br>Signature: Rochelle Anderson<br>Name (type or print): Rochelle Anderson                               |            |   |         |             |  |
| Date: 11/05/2011<br>Title: Member  |                     |  |            |   |         |             |  |
| Processed 11/05/2011   |                     | * Electronically provided signatures are accepted as original signatures.  |            |   |         |             |  |