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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 70734</b>                                                                                                                                     |              | <b>Due no later than Jan 31, 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>RUZICKA FAMILY PROPERTIES, LLC<br>PHIL RUZICKA<br>329 E N 3RD ST<br>GRANGEVILLE ID 83530 |             | PHIL RUZICKA<br>329 E N 3RD ST<br>GRANGEVILLE ID 83530 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                       |             | 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                                                                                                                                                | PHIL RUZICKA | 329 E N 3RD ST                                                                                                                                        | GRANGEVILLE | ID                                                     | USA     | 83530       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 70734</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Phil Ruzicka<br>Name (type or print): Phil Ruzicka                                                    |             |                                                        |         |             |  |
|                                                                                                                                                        |              | Date: 12/02/2010<br>Title: Manager                                                                                                                    |             |                                                        |         |             |  |
| Processed 12/02/2010                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                             |             |                                                        |         |             |  |