

|                                                                                                                                                        |                    |                                                                                         |       |                                                           |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|------------------|-------------|--|
| No. <b>W 39458</b>                                                                                                                                     |                    | <b>Due no later than May 31, 2009</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>                                                               |       | SCOTT L LINSENMANN<br>6821 DEER FLAT RD<br>NAMPA ID 83686 |                  |             |  |
|                                                                                                                                                        |                    | <b>1. Mailing Address: Correct in this box if needed.</b>                               |       | 3. <u>New</u> Registered Agent Signature:*                |                  |             |  |
|                                                                                                                                                        |                    | ATV TIRES & ACCESSORIES, LLC<br>SCOTT LINSENMANN<br>6821 DEER FLAT RD<br>NAMPA ID 83686 |       |                                                           |                  |             |  |
| 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                                                                                                                                                 | SCOTT L LINSENMANN | 6821 DEER FLAT RD                                                                       | NAMPA | ID                                                        | USA              | 83686       |  |
| MEMBER                                                                                                                                                 | RONALEE LINSENMANN | 6821 DEER FLAT RD                                                                       | NAMPA | ID                                                        | USA              | 83686       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                       |       |                                                           |                  |             |  |
| <b>ID<br/>W 39458</b>                                                                                                                                  |                    | Signature: Scott Linsenmann                                                             |       |                                                           | Date: 03/25/2009 |             |  |
|                                                                                                                                                        |                    | Name (type or print): Scott Linsenmann                                                  |       |                                                           | Title: Member    |             |  |
| Processed 03/25/2009                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.               |       |                                                           |                  |             |  |