

|                                                                                                                                                        |             |                                                                                                                                                                 |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 84260</b>                                                                                                                                     |             | <b>Due no later than May 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>VALL-DENN LLC<br>BILL DENNEY<br>PO BOX 463<br>HANSEN ID 83334 |        | BILL DENNEY<br>257 2ND ST<br>HANSEN ID 83334       |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                                 |        | 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                                                                                                                                                 | BILL DENNEY | PO BOX 463                                                                                                                                                      | HANSEN | ID                                                 | USA     | 83334       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84260</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Bill Denney<br>Name (type or print): Bill Denney<br>Date: 06/10/2011<br>Title: Member                           |        |                                                    |         |             |  |
| Processed 06/10/2011                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                       |        |                                                    |         |             |  |