| No. <b>W 51280</b>                                                                           |      | Due no later than Jun 30, 2010                                                                                                                     |                      | 2. | 2. Registered Agent and Address (NO PO BOX)                                       |       |         |             |
|----------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----|-----------------------------------------------------------------------------------|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080          |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  FREEMAN VENTURES, LLC  MEL D FREEMAN  5156 W 3800 S  REXBURG ID 83404  USA |                      |    | MEL D FREEMAN 5156 W 3800 S REXBURG ID 83440  3. New Registered Agent Signature:* |       |         |             |
| RECEIVED BY DUE DATE                                                                         |      |                                                                                                                                                    |                      |    |                                                                                   |       |         |             |
| 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 MEL D FREEMAN                                                                         |      | EMAN                                                                                                                                               | 23 SOUTH 1000 WEST   |    | REXBURG                                                                           | ID    | USA     | 83104       |
| 5. Organized Under the Laws of:                                                              |      | 6. Annual Report must be signed.*                                                                                                                  |                      |    |                                                                                   |       |         |             |
| ID                                                                                           |      | Signature: Mel D Freeman                                                                                                                           |                      |    | Date: 07/07/2010                                                                  |       |         |             |
| W 51280                                                                                      |      | Name (type or print): Mel D Freeman                                                                                                                |                      |    | Title: Owner                                                                      |       |         |             |
| * Electronically provided signatures are accepted as original signatures.                    |      |                                                                                                                                                    |                      |    |                                                                                   |       |         |             |