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| No. W 94347 | Due no later than Jun 30, 2012 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. NORTHPOINT CPA, PLLC MICHAEL S ANDRUS 901 PIER VIEW DRIVE STE. 206 IDAHO FALLS ID 83402 USA | | MICHAEL S ANDRUS 901 PIER VIEW DRIVE STE. 206 IDAHO FALLS ID 83402 | | | |
| | | | 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 | MICHAEL S ANDRUS | 637 S BELLE ARBOR DR | IDAHO FALLS | ID | USA | 83406 |
| 5. Organized Under the Laws of: ID W 94347 | | 6. Annual Report must be signed.* Signature: Michael S Andrus Name (type or print): Michael S Andrus | | Date: 04/16/2012 Title: President | | |
| Processed 04/16/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | |