

No. W 42693	Due no later than September 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable DORIAN PONDEAVORS LLC 825 FLIN WAY SUNNYVALE, CA 94087		TONY DROST 10673 W HALSTEAD LN STE 102 BOISE, ID 83713												
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>(single member LLC no different offices)</td> <td>2004 Don Pon and Barbara Sherman Pon Family Trust</td> <td>825 Flin Way</td> <td>Sunnyvale</td> <td>CA</td> <td>94087</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	(single member LLC no different offices)	2004 Don Pon and Barbara Sherman Pon Family Trust	825 Flin Way	Sunnyvale	CA	94087
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(single member LLC no different offices)	2004 Don Pon and Barbara Sherman Pon Family Trust	825 Flin Way	Sunnyvale	CA	94087										
5. Organized Under the Laws of: IDAHO W 42693		6. Signature <u>Barbara Pon</u> Date <u>9-23-06</u> Name (Typed or Printed) <u>Barbara Pon</u> Title _____													

Issued 07/03/2006

Do Not Tape or Staple

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