

|                                                                                                                                                        |            |                                                                                    |       |                                                        |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------|-------|--------------------------------------------------------|------------------|-------------|--|
| No. <b>W 61469</b>                                                                                                                                     |            | <b>Due no later than Apr 30, 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>                                                          |       | DAVID WALI<br>755 W FRONT ST STE 300<br>BOISE ID 83702 |                  |             |  |
|                                                                                                                                                        |            | <b>1. Mailing Address: Correct in this box if needed.</b>                          |       | 3. <u>New</u> Registered Agent Signature:*             |                  |             |  |
|                                                                                                                                                        |            | MOOSE AND SQUIRREL I LLC<br>DAVID WALI<br>755 W FRONT ST STE 300<br>BOISE ID 83702 |       |                                                        |                  |             |  |
| 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 |  |
| MANAGER                                                                                                                                                | DAVID WALI | 755 W FRONT ST STE 300                                                             | BOISE | ID                                                     | USA              | 83702       |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                  |       |                                                        |                  |             |  |
| <b>ID<br/>W 61469</b>                                                                                                                                  |            | Signature: David Wali                                                              |       |                                                        | Date: 02/08/2011 |             |  |
|                                                                                                                                                        |            | Name (type or print): David Wali                                                   |       |                                                        | Title: Manager   |             |  |
| Processed 02/08/2011                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.          |       |                                                        |                  |             |  |