

|  |                |   |       |  |         |             |  |
|--|----------------|---|-------|--|---------|-------------|--|
| No. <b>W 51196</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>1. Mailing Address: Correct in this box if needed.</b><br>NORTHSTAR CABINETS, LLC<br>BRAD WELLS<br>102 NORTH CLARK STREET<br>RIGBY ID 83442<br>USA |       | BRAD WELLS<br>102 NORTH CLARK STREET<br>IDAHO FALLS ID 83442 |         |             |  |
|  |                |   |       | 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 |  |
| MANAGER  | DARRIN SWEENEY | 3935 EAST 144 NORTH   | RIGBY | ID   | USA     | 83442       |  |
| MANAGER  | BRAD WELLS     | 3925 EAST 132 NORTH   | RIGBY | ID   | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><b>ID</b><br><b>W 51196</b>   |                | 6. Annual Report must be signed.*<br>Signature: Brad Wells<br>Name (type or print): Brad Wells<br>Date: 05/24/2011<br>Title: Manager                  |       |  |         |             |  |
| Processed 05/24/2011   |                | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |