

|                                                                                                                                                        |               |                                                                                                                                                                      |       |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 54930</b>                                                                                                                                     |               | <b>Due no later than Sep 30, 2012</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MKS, LLC<br>MICHELLE WOOD<br>5469 S AMARYLLIS PL<br>BOISE ID 83716 |       | MICHELLE WOOD<br>5469 S AMARYLLIS PL<br>BOISE ID 83716 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                      |       | 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                                                                                                                                                | MICHELLE WOOD | 5469 S AMARYLLIS PL                                                                                                                                                  | BOISE | ID                                                     | USA     | 83716       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 54930</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Michelle Wood<br>Name (type or print): Michelle Wood<br>Date: 08/08/2012<br>Title: Manager                           |       |                                                        |         |             |  |
| Processed 08/08/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                            |       |                                                        |         |             |  |