

|                                                                                                                                                        |             |                                                                                                                                                           |          |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 20307</b>                                                                                                                                     |             | <b>Due no later than Aug 31, 2010</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><br>LONG LANE WORKS LLC<br>C/O MIKE LASHAW<br>24311 E ROCKFORD IDAHO RD<br>ROCKFORD WA 99030 |          | CORSER LLC<br>413 CEDAR ST<br>SCOTT BLDG<br>WALLACE ID 83873 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                           |          | 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                                                                                                                                                 | MIKE LASHAW | 24311 E ROCKFORD IDAHO RD                                                                                                                                 | ROCKFORD | WA                                                           | USA     | 99030       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 20307</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Mike LaShaw<br>Name (type or print): Mike LaShaw<br>Date: 08/11/2010<br>Title: Member, Manager            |          |                                                              |         |             |  |
| Processed 08/11/2010                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                 |          |                                                              |         |             |  |