

|  |                |   |           |  |         |             |  |
|--|----------------|---|-----------|--|---------|-------------|--|
| No. <b>J 1080</b>  |                | <b>Due no later than Dec 31, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>RELIANT ENTERPRISES LLP<br>LIANNE KEIBLER<br>110 MAIN ST STE 1-A<br>SANDPOINT ID 83864 |           | ZIANNE KEIBLER<br>110 MAIN ST STE 1A<br>SANDPOINT ID 83864 |         |             |  |
|  |                |   |           | 3. <u>New</u> Registered Agent Signature:*                 |         |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.   |                |   |           |  |         |             |  |
| Office Held  | Name           | Street or PO Address  | City      | State  | Country | Postal Code |  |
| PARTNER  | LIANNE KEIBLER | 110 MAIN ST STE 1-A   | SANDPOINT | ID   | USA     | 83864       |  |
| PARTNER  | BRYAN KEIBLER  | 110 MAIN ST. STE. 1-A   | SANDPOINT | ID   | USA     | 83864       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 1080</b>  |                | 6. Annual Report must be signed.*<br>Signature: Lianne Keibler<br>Name (type or print): Lianne Keibler  |           |  |         |             |  |
|  |                | Date: 12/06/2012<br>Title: Partner  |           |  |         |             |  |
| Processed 12/06/2012   |                | * Electronically provided signatures are accepted as original signatures.   |           |  |         |             |  |