| No. <b>W 34466</b>  |             | and the same and t |                                     |                                | 2. Registered Agent and Address (NO PO BOX)                                     |       |         |             |
|---|-------------|--|-------------------------------------|--------------------------------|---|-------|---------|-------------|
| Return to:  |             | Annual Report Form   |                                     | CAPITOL CORPORATE SERVICES INC |   |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080              |             | 1. Mailing Address: Correct in this box if needed.  B. DALTON BOOKSELLER, LLC LAWRENCE S ROBINS 122 5TH AVE NEW YORK NY 10011  |                                     |                                | 1401 SHORELINE DR STE 2 BOISE ID 83702 USA  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |             |  |                                     |                                |   |       |         |             |
| 4. Limited Liability Companies  | : Enter Nar | mes and Addresse   | s of at least one Member or Manager | r.                             |   |       |         |             |
| Office Held Na  | ame         |  | Street or PO Address                |                                | City  | State | Country | Postal Code |
| MANAGER BARNES & N  |             | OBLE INC   | 122 5TH AVE                         |                                | NEW YORK  | NY    | USA     | 10011       |
| 5. Organized Under the Laws of:   |             | 6. Annual Report must be signed.*  |                                     |                                |   |       |         |             |
| ID  |             | Signature: Lawrence S Robins   |                                     |                                | Date: 12/18/2009  |       |         |             |
| W 34466   |             | Name (type or print): Lawrence S Robins  |                                     |                                | Title: Asst. Secy   |       |         |             |
| rocessed 12/18/2009 * Electronically provided signatures are accepted as original signatures. |             |  |                                     |                                |   |       |         |             |