

|                                                                                                                                                        |                |                                                                                                                                                               |            |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 63739</b>                                                                                                                                     |                | <b>Due no later than Jun 30, 2009</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>TOUCAN TILE LLC<br>CRAIG R SHEPHERD<br>3686 N 2710 E<br>TWIN FALLS ID 83301                  |            | CRAIG SHEPHERD<br>3686 N 2710 E<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                               |            | 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                                                                                                                                                 | CRAIG SHEPHERD | 3686 N 2710 E                                                                                                                                                 | TWIN FALLS | ID                                                     | USA     | 83301       |  |
| MEMBER                                                                                                                                                 | PAUL SHEPHERD  | 1217 BLUE LAKES CIRCLE                                                                                                                                        | TWIN FALLS | ID                                                     | USA     | 83301       |  |
| MEMBER                                                                                                                                                 | TOBBY KENNEDY  | 440 4TH AVE N                                                                                                                                                 | TWIN FALLS | ID                                                     | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 63739</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Craig R. Shepherd<br>Name (type or print): Craig R. Shepherd<br>Date: 07/20/2009<br>Title: Owner and Operator |            |                                                        |         |             |  |
| Processed 07/20/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                     |            |                                                        |         |             |  |