

|                                                                                                                                                        |              |                                                                                                                                         |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 54303</b>                                                                                                                                     |              | <b>Due no later than Sep 30, 2013</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>                                                                                                               |        | MARK GRIGG<br>949 S 1050 E<br>ALBION ID 83311      |         |             |  |
|                                                                                                                                                        |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>DEBMARK INVESTMENTS, LLC<br>TODD PHILLIPS<br>PO BOX 608<br>BURLEY ID 83318 |        | 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                                                                                                                                                 | MARK GRIGG   | PO BOX 7                                                                                                                                | ALBION | ID                                                 | USA     | 83311       |  |
| MEMBER                                                                                                                                                 | DEBORA GRIGG | PO BOX 7                                                                                                                                | ALBION | ID                                                 | USA     | 83311       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 54303</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Mark Grigg<br>Name (type or print): Mark Grigg                                          |        |                                                    |         |             |  |
|                                                                                                                                                        |              | Date: 10/16/2013<br>Title: Member                                                                                                       |        |                                                    |         |             |  |
| Processed 10/16/2013                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                               |        |                                                    |         |             |  |