

|                                                                                                                                                        |                  |                                                                                                                                                     |         |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 61287</b>                                                                                                                                     |                  | <b>Due no later than Apr 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>1. Mailing Address: Correct in this box if needed.</b><br><br>NOLAN INVESTMENTS LLC<br>JOSHUA N JAMISON<br>1672 SAGEBRUSH DR<br>REXBURG ID 83440 |         | JOSHUA N JAMISON<br>1672 SAGEBRUSH DR<br>REXBURG ID 83440 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                     |         | 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 |  |
| MANAGER                                                                                                                                                | JOSHUA N JAMISON | 1672 SAGEBRUSH DR                                                                                                                                   | REXBURG | ID                                                        | USA     | 83440       |  |
| MANAGER                                                                                                                                                | DIXIE D JAMISON  | 1672 SAGEBRUSH DR                                                                                                                                   | REXBURG | ID                                                        | USA     | 83440       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 61287</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Dixie Jamison<br>Name (type or print): Dixie Jamison<br>Date: 03/07/2013<br>Title: Manager          |         |                                                           |         |             |  |
| Processed 03/07/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                           |         |             |  |