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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 38604</b>                                                                                                                                     |              | <b>Due no later than Apr 30, 2011</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>DOUBLE G'S LLC<br>MICHAELLE K GOSSI<br>1900 S RETRIEVER WAY<br>MERIDIAN ID 83642-7442<br>USA |          | ALAN R GOSSI<br>1900 S RETRIEVER WAY<br>MERIDIAN ID 83642-7442 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                               |          | 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                                                                                                                                                 | ALAN R GOSSI | 1900 S RETRIEVER WAY                                                                                                                                          | MERIDIAN | ID                                                             | USA     | 83642-7442       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                             |          |                                                                |         |                  |  |
| <b>ID<br/>W 38604</b>                                                                                                                                  |              | Signature: Michaelle K Gossi                                                                                                                                  |          |                                                                |         | Date: 06/13/2011 |  |
|                                                                                                                                                        |              | Name (type or print): Michaelle K Gossi                                                                                                                       |          |                                                                |         | Title: Member    |  |
| Processed 06/13/2011                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                     |          |                                                                |         |                  |  |