

|                                                                                                                                                        |                 |                                                                                                                                           |           |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 100286</b>                                                                                                                                    |                 | <b>Due no later than Feb 29, 2012</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>HARMONY SKY LLC<br>JANESE WADE<br>382 RICHLAND AVE<br>POCATELLO ID 83201 |           | KAYLEEN PARKE<br>382 RICHLAND<br>POCATELLO ID 83201 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                           |           | 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                                                                                                                                                 | KAYLEEN W PARKE | 382 RICHLAND                                                                                                                              | POCATELLO | ID                                                  | USA     | 83234       |  |
| MEMBER                                                                                                                                                 | JANESE WADE     | 382 RICHLAND                                                                                                                              | POCATELLO | ID                                                  | USA     | 83234       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 100286</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Janese Wade<br>Name (type or print): Janese Wade<br>Date: 01/01/2012<br>Title: Member     |           |                                                     |         |             |  |
| Processed 01/01/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                 |           |                                                     |         |             |  |