| No. <b>C 132648</b>  |  | Due no later than Feb 28, 2010   |                         | 2. Registered Agent and Address (NO PO BOX)                             |       |         |             |
|--|--|--|-------------------------|---|-------|---------|-------------|
| Return to:   |  | Annual Report Form   |                         | SNAKE HARLEY-DAVISON, INC.<br>2404 ADDISON AVE E<br>TWIN FALLS ID 83301 |       |         |             |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |  | 1. Mailing Address: Correct in this box if needed.   |                         |   |       |         |             |
|  |  | MAGIC VALLEY CHAPTER OF HARLEY OWNERS GROUP, INC.,<br>TWIN FALLS, IDAHO<br>SNAKE HARLEY-DAVIDSON, INC.<br>2404 ADDISON AVE E<br>TWIN FALLS ID 83301<br>USA |                         |   |       |         |             |
|  |  |  |                         | 3. <u>New</u> Registered Agent Signature:*                              |       |         |             |
|  |  |  |                         |   |       |         |             |
| Office Held  | Name   |  | Street or PO Address    | City  | State | Country | Postal Code |
| SECRETARY  | DEBRA GREELEY  |  | PO BOX 223              | BLISS   | ID    | USA     | 83314       |
| TREASURER  |  |  | 1522 COTTONWOOD ST      | TWIN FALLS  | ID    | USA     | 83301       |
| PRESIDENT  | TERRY J. GREENE  |  | 2805 POLE LINE RD. EAST | TWIN FALLS  | ID    | USA     | 83301       |
| 5. Organized Under the Laws of:  |  | 6. Annual Report must be signed.*  |                         |   |       |         |             |
| ID   |  | Signature: Ter   | Date: 01/03/2010        |   |       |         |             |
| C 132648   |  | Name (type or  | Title: President        |   |       |         |             |
| Processed 01/03/2010   | ocessed 01/03/2010 * Electronically provided signatures are accepted as original signatures. |  |                         |   |       |         |             |