

|                                                                                                                                                        |                 |                                                                                                                                              |       |                                                             |         |                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|--------------------|--|
| No. <b>W 86784</b>                                                                                                                                     |                 | <b>Due no later than Sep 30, 2010</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>MRH INDY LLC<br>ROB DICKINSON<br>855 W BROAD ST SUITE 300<br>BOISE ID 83702 |       | ROB DICKINSON<br>855 W BROAD ST SUITE 300<br>BOISE ID 83702 |         |                    |  |
|                                                                                                                                                        |                 |                                                                                                                                              |       | 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                                                                                                                                                | MARK R. HAWKINS | 855 BROAD STREET SUITE 300                                                                                                                   | BOISE | ID                                                          | USA     | 83702              |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                            |       |                                                             |         |                    |  |
| <b>ID<br/>W 86784</b>                                                                                                                                  |                 | Signature: Rob Dickinson                                                                                                                     |       |                                                             |         | Date: 07/20/2010   |  |
|                                                                                                                                                        |                 | Name (type or print): Rob Dickinson                                                                                                          |       |                                                             |         | Title: Auth. Agent |  |
| Processed 07/20/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                    |       |                                                             |         |                    |  |