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| No. W 67885 | Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011 | | 2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint Debra Blumhorst 700 S. Woodruff Idaho Falls, ID 83401 | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. ROCKWREN LLC PO BOX 2869 700 S. Woodruff 60 E SIMPSON AVE Idaho Falls, ID JACKSON WY 83001 83401 | | 3. New Registered Agent Signature.  | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | |
| Manager or Member Name Manager Member (circle one) | Street or PO Address P.O. Box 1482 | City Reno | State NV | Country Postal Code USA 89505 |
| DONNA BREEN | | | | |
| 5. Organized Under the Laws of: IDAHO W 67885 | | 6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Signature:  Name (type or print): DONNA BREEN </div> <div> Date: 4/5/11 Title: </div> </div> | | |
| Issued 04/05/2011 by JL1 | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM