

|   |                      |   |  |   |             |                |                      |
|---|----------------------|---|--|---|-------------|----------------|----------------------|
| No. <b>W 67613</b>  |                      | <b>Due no later than Oct 31, 2012</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )            |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MELONE, LLC<br>JON S MELONE<br>1616 BROOKFIELD CT<br>TWIN FALLS ID 83301     |  | TINA MELONE<br>1616 BROOKFIELD CT<br>TWIN FALLS ID 83301<br>USA |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                      |   |  | 3. <u>New</u> Registered Agent Signature:*                      |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.        |                      |   |  |   |             |                |                      |
| Office Held<br>MEMBER   | Name<br>JON S MELONE | Street or PO Address<br>1616 BROOKFIELD CT  |  | City<br>TWIN FALLS  | State<br>ID | Country<br>USA | Postal Code<br>83301 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 67613</b>                                  |                      | 6. Annual Report must be signed.*<br><br>Signature: Tina Melone<br>Name (type or print): Tina Melone<br><br>Date: 09/12/2012<br>Title: Member |  |   |             |                |                      |
| Processed 09/12/2012      * Electronically provided signatures are accepted as original signatures. |                      |   |  |   |             |                |                      |