

|                                                                                                                                                        |                 |                                                                                                                                                           |            |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 9804</b>                                                                                                                                      |                 | <b>Due no later than Sep 30, 2009</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>RU-MAR, L.L.C.<br>RUTH S. PIERCE<br>2047 CANDLEWOOD CIRCLE<br>TWIN FALLS ID 83301<br>USA |            | RUTH S PIERCE<br>2047 CANDLEWOOD CIR<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                           |            | 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                                                                                                                                                 | RUTH S PIERCE   | 2047 CANDLEWOOD CIRCLE                                                                                                                                    | TWIN FALLS | ID                                                          | USA     | 83301            |  |
| MEMBER                                                                                                                                                 | MARVIN H PIERCE | 2047 CANDLEWOOD CIRCLE                                                                                                                                    | TWIN FALLS | ID                                                          | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                         |            |                                                             |         |                  |  |
| <b>ID<br/>W 9804</b>                                                                                                                                   |                 | Signature: Ruth S Pierce                                                                                                                                  |            |                                                             |         | Date: 10/07/2009 |  |
|                                                                                                                                                        |                 | Name (type or print): Ruth S Pierce                                                                                                                       |            |                                                             |         | Title: Member    |  |
| Processed 10/07/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                 |            |                                                             |         |                  |  |