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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------|---------------------|
| No. <b>W 53543</b>                                                                                                                                     |                         | <b>Due no later than Aug 31, 2012</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CIRCLE S VENTURES, LLC<br>DOUGLAS M. SCISM<br>PO BOX 44<br>COUNCIL ID 83612 |         | DOUGLAS M SCISM<br>2679 FRUITVALE GLENDALE RD<br>FRUTIVALE ID 83620 |                     |
|                                                                                                                                                        |                         |                                                                                                                                                                               |         | 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                                                                                                                                                 | SUNSHINE VENTURES, L.P. | PO BOX 44                                                                                                                                                                     | COUNCIL | ID                                                                  | USA 83612           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 53543</b>                                                                                           |                         | 6. Annual Report must be signed.*<br>Signature: Edward D. Ahrens<br>Name (type or print): Edward D. Ahrens<br>Date: 06/19/2012<br>Title: Registered Agent                     |         |                                                                     |                     |
| Processed 06/19/2012                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                                                     |         |                                                                     |                     |