

|                                                                                                                                                        |                 |                                                                                                                                                |         |                                                       |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 63215</b>                                                                                                                                     |                 | <b>Due no later than May 31, 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>GREY HORSE LLC<br>CHRIS FLANIGAN<br>HC 64 BOX 8028<br>KETCHUM ID 83340<br>USA |         | CHRIS FLANIGAN<br>105 BUS STOP LN<br>KETCHUM ID 83340 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                |         | 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                                                                                                                                                | JACKIE FLANIGAN | HC 64 BOX 8028                                                                                                                                 | KETCHUM | ID                                                    | USA     | 83340            |  |
| MANAGER                                                                                                                                                | CHRIS FLANIGAN  | HC 64 BOX 8028                                                                                                                                 | KETCHUM | ID                                                    | USA     | 83340            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                              |         |                                                       |         |                  |  |
| <b>ID<br/>W 63215</b>                                                                                                                                  |                 | Signature: Chris Flanigan                                                                                                                      |         |                                                       |         | Date: 03/14/2009 |  |
|                                                                                                                                                        |                 | Name (type or print): Chris Flanigan                                                                                                           |         |                                                       |         | Title: Manager   |  |
| Processed 03/14/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                      |         |                                                       |         |                  |  |