| No. W 80315 | | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | DEAN KALMUKOS 3214 5TH ST UNIT 6 LEWISTON ID 83501 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER KIM KIVELA-KALMUKOS 6 | | 613 BRYDEN AVE. STE C#178 | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | ID Signature: Kim Kivela Kalmukos | | Date: 11/11/2009 | | | | |
| W 80315 | Name (type or p | | Title: Member | | | | |
| Processed 11/11/2009 | * Electronically provided signatures are accepted as original signatures. | | | | | | |