

|                                                                                                                                                        |               |                                                                                                                                                   |            |                                                                 |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 92822</b>                                                                                                                                     |               | Due no later than Apr 30, 2012                                                                                                                    |            | 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>EAGLE'S LLC<br>GARY GILLETTE<br>925 WIRSHING AVE W<br>TWIN FALLS ID 83301<br>USA |            | GARY L GILLETTE JR<br>925 WIRSHING AVE W<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                                                                                                                                                 | GARY GILLETTE | 925 WIRSHING AVE W                                                                                                                                | TWIN FALLS | ID                                                              | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 92822</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Gary Gillette<br>Name (type or print): Gary Gillette<br>Date: 02/17/2012<br>Title: Owner          |            |                                                                 |         |             |  |
| Processed 02/17/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                         |            |                                                                 |         |             |  |