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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 53010</b>                                                                                                                                     |               | <b>Due no later than Jul 31, 2011</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>POWOW, LLC<br>LLOLYN POBRAN<br>4473 MT CARROL ST<br>COEUR D ALENE ID 83815<br>USA |               | LLOLYN PROBAN<br>133 E POPLAR AVE<br>COEUR D'ALENE ID 83814 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                                                     |               | 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                                                                                                                                                 | LLOLYN POBRAN | 133 E POPLAR AVE                                                                                                                                                                    | COEUR D'ALENE | ID                                                          | USA     | 83814            |  |
| MEMBER                                                                                                                                                 | HEIDI POBRAN  | 4473 N. MT. CARROL ST.                                                                                                                                                              | COEUR D'ALENE | ID                                                          | USA     | 83815            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                                   |               |                                                             |         |                  |  |
| <b>ID<br/>W 53010</b>                                                                                                                                  |               | Signature: Llolyn pobran                                                                                                                                                            |               |                                                             |         | Date: 05/19/2011 |  |
|                                                                                                                                                        |               | Name (type or print): Llolyn pobran                                                                                                                                                 |               |                                                             |         | Title: Member    |  |
| Processed 05/19/2011                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                           |               |                                                             |         |                  |  |