

|                                                                                                                                                        |                |                                                                           |           |                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|-----------|------------------------------------------------------|---------|------------------|--|
| No. <b>W 62404</b>                                                                                                                                     |                | <b>Due no later than May 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>                                                 |           | R MICHAEL BOGE<br>332 S EUCLID<br>SANDPOINT ID 83864 |         |                  |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                 |           | 3. <u>New</u> Registered Agent Signature:*           |         |                  |  |
|                                                                                                                                                        |                | LAURITA, L.L.C.<br>MICHAEL BOGE<br>332 S EUCLID<br>SANDPOINT ID 83864     |           |                                                      |         |                  |  |
| 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                                                                                                                                                | R MICHAEL BOGE | 332 S EUCLID                                                              | SANDPOINT | ID                                                   | USA     | 83864            |  |
| MANAGER                                                                                                                                                | ANAVEL L BOGE  | 332 S EUCLID                                                              | SANDPOINT | ID                                                   | USA     | 83864            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                         |           |                                                      |         |                  |  |
| <b>ID<br/>W 62404</b>                                                                                                                                  |                | Signature: Michael Boge                                                   |           |                                                      |         | Date: 04/29/2011 |  |
|                                                                                                                                                        |                | Name (type or print): Michael Boge                                        |           |                                                      |         | Title: Manager   |  |
| Processed 04/29/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures. |           |                                                      |         |                  |  |