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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 49879</b>                                                                                                                                     |                   | <b>Due no later than Apr 30, 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>1. Mailing Address: Correct in this box if needed.</b><br>AHLQUIST DEVELOPMENT, L.L.C.<br>J THOMAS AHLQUIST<br>3277 E LOUISE DR #375<br>MERIDIAN ID 83642 |       | GEOFFREY WARDLE<br>877 MAIN ST STE 1000<br>BOISE ID 83701<br>USA |         |                       |  |
|                                                                                                                                                        |                   |                                                                                                                                                              |       | 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                                                                                                                                                 | J THOMAS AHLQUIST | 1263 W WICKSHIRE CT                                                                                                                                          | EAGLE | ID                                                               | USA     | 83616                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                            |       |                                                                  |         |                       |  |
| <b>ID<br/>W 49879</b>                                                                                                                                  |                   | Signature: Jennifer Spellman                                                                                                                                 |       |                                                                  |         | Date: 04/04/2011      |  |
|                                                                                                                                                        |                   | Name (type or print): Jennifer Spellman                                                                                                                      |       |                                                                  |         | Title: Office Manager |  |
| Processed 04/04/2011                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                    |       |                                                                  |         |                       |  |