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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 51004</b>                                                                                                                                     |                | <b>Due no later than May 31, 2010</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><br>CRAFT CORNER, LLC<br>DAVID E MCKAY<br>3709 S KIMBALL AVE<br>CALDWELL ID 83605 |          | DAVID E MCKAY<br>3709 S KIMBALL AVE<br>CALDWELL ID 83605 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                |          | 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                                                                                                                                                 | DAVID E MCKAY  | 3709 S KIMBALL AVE                                                                                                                             | CALDWELL | ID                                                       | USA     | 83605       |  |
| MEMBER                                                                                                                                                 | VIVIAN H MCKAY | 3709 S KIMBALL AVE                                                                                                                             | CALDWELL | ID                                                       | USA     | 83605       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 51004</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: David E. McKay<br>Name (type or print): David E. McKay<br>Date: 03/16/2010<br>Title: Member    |          |                                                          |         |             |  |
| Processed 03/16/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                      |          |                                                          |         |             |  |