

|                                                                                                                                                        |                 |                                                                                                                                                                                  |         |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 52491</b>                                                                                                                                     |                 | <b>Due no later than Jul 31, 2012</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>OFF THE TRAX, LLC<br>EVELYN M STORTS<br>435 S 100 E<br>PRESTON ID 83263<br>USA |         | EVELYN M STORTS<br>435 SOUTH 1ST EAST<br>PRESTON ID 83263 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                  |         | 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                                                                                                                                                 | EVELYN M STORTS | 4356 N 1800 E                                                                                                                                                                    | PRESTON | ID                                                        | USA     | 83263       |  |
| MEMBER                                                                                                                                                 | ORLAND D STORTS | 4356 N 1800 E                                                                                                                                                                    | PRESTON | ID                                                        | USA     | 83263       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 52491</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Evelyn M Storts<br>Name (type or print): Evelyn M Storts                                                                         |         |                                                           |         |             |  |
|                                                                                                                                                        |                 | Date: 07/15/2012<br>Title: Owner                                                                                                                                                 |         |                                                           |         |             |  |
| Processed 07/15/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                        |         |                                                           |         |             |  |