

|                                                                                                                                                        |               |                                                                                                                                                     |         |                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------|---------|------------------|--|
| No. <b>W 95699</b>                                                                                                                                     |               | <b>Due no later than Aug 31, 2013</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>FINISH LINE BUILDING, LLC<br>BRENT NELSON<br>PO BOX 327<br>TETONIA ID 83452<br>USA |         | BRENT A NELSON<br>8906 N 10000 W<br>NEWDALE ID 83436 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                     |         | 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                                                                                                                                                 | ALICIA NELSON | PO BOX 327                                                                                                                                          | TETONIA | ID                                                   | USA     | 83452            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                   |         |                                                      |         |                  |  |
| <b>ID<br/>W 95699</b>                                                                                                                                  |               | Signature: Alicia Nelson                                                                                                                            |         |                                                      |         | Date: 06/17/2013 |  |
|                                                                                                                                                        |               | Name (type or print): Alicia Nelson                                                                                                                 |         |                                                      |         | Title: Member    |  |
| Processed 06/17/2013                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                      |         |                  |  |