

|                                                                                                                                                        |                   |                                                                                                                                                     |       |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 15325</b>                                                                                                                                     |                   | Due no later than May 31, 2010<br><b>Annual Report Form</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>SRA VENTURES II, L.L.C.<br>MARK A JACKSON<br>110 WALLACE AVE<br>COEUR D'ALENE ID 83814 |       | MARK A JACKSON<br>110 WALLACE AVE<br>COEUR D'ALENE ID 83814 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                     |       | 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                                                                                                                                                 | STEVEN R APPLETON | PO BOX 16650                                                                                                                                        | BOISE | ID                                                          | USA     | 83715            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                   |       |                                                             |         |                  |  |
| <b>ID<br/>W 15325</b>                                                                                                                                  |                   | Signature: Mark A. Jackson                                                                                                                          |       |                                                             |         | Date: 03/16/2010 |  |
|                                                                                                                                                        |                   | Name (type or print): Mark A. Jackson                                                                                                               |       |                                                             |         | Title: Attorney  |  |
| Processed 03/16/2010                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                             |         |                  |  |