

|                                                                                                                                                        |               |                                                                                                                                                     |       |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 89849</b>                                                                                                                                     |               | <b>Due no later than Jan 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>1. Mailing Address: Correct in this box if needed.</b><br><br>TAP IN TRIPS, LLC<br>DEBORAH EMPEY<br>5509 E STAGELINE DR<br>BOISE ID 83716<br>USA |       | JAMES EMPREY<br>5509 E STAGELINE DR<br>BOISE ID 83716 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                     |       | 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                                                                                                                                                 | DEBORAH EMPEY | 5509 E. STAGELINE DRIVE                                                                                                                             | BOISE | ID                                                    | USA     | 83716       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 89849</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: /Deborah Empey/<br>Name (type or print): /Deborah Empey/<br>Date: 11/04/2011<br>Title: Member       |       |                                                       |         |             |  |
| Processed 11/04/2011                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                       |         |             |  |