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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 49916</b>                                                                                                                                     |              | <b>Due no later than Apr 30, 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>FRESSHIES, L.L.C.<br>ATTN ADAM K KRAFT<br>122 S MAIN ST<br>HAILEY ID 83333-2595<br>USA |        | ADAM K KRAFT<br>520 IVY ST<br>HAILEY ID 83333      |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                          |        | 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                                                                                                                                                 | ADAM K KRAFT | 520 IVY ST                                                                                                                                                                               | HAILEY | ID                                                 | USA     | 83333       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 49916</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Adam Kraft<br>Name (type or print): Adam Kraft                                                                                           |        |                                                    |         |             |  |
|                                                                                                                                                        |              | Date: 06/11/2012<br>Title: Officer                                                                                                                                                       |        |                                                    |         |             |  |
| Processed 06/11/2012                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                |        |                                                    |         |             |  |