

|  |             |  |             |   |         |             |  |
|--|-------------|--|-------------|---|---------|-------------|--|
| No. <b>W 61199</b>   |             | <b>Due no later than Apr 30, 2014</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>OSGOOD STORE L.L.C. (THE)<br>RIPU SHARMA<br>2244 W 145TH N<br>IDAHO FALLS ID 83402<br>USA |             | RIPU SHARMA<br>2244 W 145TH N<br>IDAHO FALLS ID 83402 |         |             |  |
|  |             |  |             | 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 |  |
| MANAGER  | RIPU SHARMA | 2244 W 145TH   | IDAHO FALLS | ID  | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 61199</b>   |             | 6. Annual Report must be signed.*<br>Signature: Ripu Sharma<br>Name (type or print): Ripu Sharma<br>Date: 02/10/2014<br>Title: Owner                       |             |   |         |             |  |
| Processed 02/10/2014   |             | * Electronically provided signatures are accepted as original signatures.  |             |   |         |             |  |