| No. <b>W 90256</b>   |           | Due no later than Feb 28, 2013   |                      | 2. F | 2. Registered Agent and Address (NO PO BOX)                                |       |         |             |  |
|--|-----------|--|----------------------|------|--|-------|---------|-------------|--|
| Return to:   |           | Annual Report Form   |                      |      | TAMARA HARMON  |       |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |           | 1. Mailing Address: Correct in this box if needed.  RANDOM ACTS OF THEATRE PLAYERS LLC (THE) TAMARA HARMON 807 CASWELL AVE W TWIN FALLS ID 83301 |                      |      | 807 CASWELL AVE W TWIN FALLS ID 83301  3. New Registered Agent Signature:* |       |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |           | USA  |                      |      |  |       |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |           |  |                      |      |  |       |         |             |  |
| Office Held  | Name      |  | Street or PO Address | Ci   | ty   | State | Country | Postal Code |  |
| MANAGER  | TAMARA AN | n Harmon   | 807 CASWELL AVE W    | TV   | WIN FALLS  | ID    | USA     | 83301       |  |
| 5. Organized Under the Laws of:  |           | 6. Annual Report must be signed.*  |                      |      |  |       |         |             |  |
| ID<br>W 90256  |           | Signature: Tamara Harmon   |                      |      | Date: 12/31/2012   |       |         |             |  |
|  |           | Name (type or print): Tamara Harmon  |                      |      | Title: Manager   |       |         |             |  |
| Processed 12/31/2012 * Electronically provided signatures are accepted as original signatures. |           |  |                      |      |  |       |         |             |  |