

|  |              |   |        |  |         |                  |  |
|--|--------------|---|--------|--|---------|------------------|--|
| No. <b>W 10874</b>   |              | <b>Due no later than Jan 31, 2010</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>KOTLER FAMILY, LLC<br>ARI D KOTLER<br>PO BOX 1101<br>DRIGGS ID 83422 |        | ARI D KOTLER<br>3779 S. 5885 W<br>DRIGGS ID 83422  |         |                  |  |
|  |              |   |        | 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  | ARI D KOTLER | 3779 S 5885 W   | DRIGGS | ID   | USA     | 83422            |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*   |        |  |         |                  |  |
| <b>ID<br/>W 10874</b>  |              | Signature: Ari D. Kotler  |        |  |         | Date: 11/22/2009 |  |
|  |              | Name (type or print): Ari D. Kotler   |        |  |         | Title: Manager   |  |
| Processed 11/22/2009   |              | * Electronically provided signatures are accepted as original signatures.   |        |  |         |                  |  |