

|                                                                                                                                                        |               |                                                                                                                                                |       |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 45580</b>                                                                                                                                     |               | <b>Due no later than Dec 31, 2011</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>BIG PONDEROSA, LLC<br>DAVID SLOYER<br>3417 S. BROOKSHORE PL<br>BOISE ID 83706 |       | DAVID SLOYER<br>3417 S. BROOKSHORE PL<br>BOISE ID 83706 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                |       | 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                                                                                                                                                 | DAVID SLOYER  | 3417 S. BROOKSHORE PL                                                                                                                          | BOISE | ID                                                      | USA     | 83706       |  |
| MEMBER                                                                                                                                                 | MONICA R TWAY | 4514 SHIRLEY                                                                                                                                   | BOISE | ID                                                      | USA     | 83703       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 45580</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: David Sloyer<br>Name (type or print): David Sloyer                                             |       |                                                         |         |             |  |
|                                                                                                                                                        |               | Date: 10/19/2011<br>Title: Officer                                                                                                             |       |                                                         |         |             |  |
| Processed 10/19/2011                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                         |         |             |  |