

|  |                 |  |          |   |         |             |  |
|--|-----------------|--|----------|---|---------|-------------|--|
| No. <b>W 101957</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>1. Mailing Address: Correct in this box if needed.</b><br><br>RESTORATION STATION L.L.C.<br>DAVID R BICKLEY<br>5015 BROOK LANE #B<br>CHUBBUCK ID 83202<br>USA |          | DAVID RAY BICKLEY<br>4884 SUZANNE CT<br>CHUBBUCK ID 83202 |         |             |  |
|  |                 |  |          | 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   | NANCY M BICKLEY | 4884 SUZANNE CT  | CHUBBUCK | ID  | USA     | 83202       |  |
| MEMBER   | DAVID R BICKLEY | 4884 SUZANNE CT  | CHUBBUCK | ID  | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 101957</b>  |                 | 6. Annual Report must be signed.*<br>Signature: David Bickley<br>Name (type or print): David Bickley   |          |   |         |             |  |
|  |                 | Date: 07/05/2012<br>Title: Member  |          |   |         |             |  |
| Processed 07/05/2012   |                 | * Electronically provided signatures are accepted as original signatures.  |          |   |         |             |  |