

|  |             |   |          |   |         |                  |  |
|--|-------------|---|----------|---|---------|------------------|--|
| No. <b>W 107152</b>  |             | <b>Due no later than Sep 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>JOSEPH C BALES LLC<br>JOE BALES<br>1643 W PUZZLE CREEK DR<br>MERIDIAN ID 83646 |          | JOSEPH C BALES<br>1643 W PUZZLE CREEK DR<br>MERIDIAN ID 83646 |         |                  |  |
|  |             |   |          | 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  | JOE C BALES | 1643 W PUZZLE CREEK DR  | MERIDIAN | ID  | USA     | 83646            |  |
| 5. Organized Under the Laws of:  |             | 6. Annual Report must be signed.*   |          |   |         |                  |  |
| <b>ID<br/>W 107152</b>   |             | Signature: Joseph Bales   |          |   |         | Date: 10/22/2012 |  |
|  |             | Name (type or print): Joseph Bales  |          |   |         | Title: Manager   |  |
| Processed 10/22/2012   |             | * Electronically provided signatures are accepted as original signatures.   |          |   |         |                  |  |