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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 82407</b>                                                                                                                                     |                  | <b>Due no later than Mar 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>SKIING FROG ENTERPRISES, LLC.<br>STEVE L STEPHENS<br>PO BOX 116<br>MACKAY ID 83251<br>USA |        | STEVE L STEPHENS<br>260 W GRANDE AVE<br>ARCO ID 83213 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                        |        | 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                                                                                                                                                | STEVE L STEPHENS | PO BOX 116                                                                                                                                             | MACKAY | ID                                                    | USA     | 83251            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                      |        |                                                       |         |                  |  |
| <b>ID<br/>W 82407</b>                                                                                                                                  |                  | Signature: Steve Stephens                                                                                                                              |        |                                                       |         | Date: 03/30/2011 |  |
|                                                                                                                                                        |                  | Name (type or print): Steve Stephens                                                                                                                   |        |                                                       |         | Title: Manager   |  |
| Processed 03/30/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                              |        |                                                       |         |                  |  |