

|                                                                                                                                                        |                           |                                                                                                                                                                   |       |                                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 43942</b>                                                                                                                                     |                           | <b>Due no later than Oct 31, 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>C2J ASSOCIATES, LLC<br>CAROLYN DIANE P SATCHWELL<br>3000 W. WIND DRIVE<br>EAGLE ID 83616-4694<br>USA |       | CAROLYN DIANE P SATCHWELL<br>3000 W. WIND DRIVE<br>EAGLE ID 83616-4694 |         |                  |  |
|                                                                                                                                                        |                           |                                                                                                                                                                   |       | 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                                                                                                                                                 | CAROLYN DIANE P SATCHWELL | 3000 W. WIND DRIVE                                                                                                                                                | EAGLE | ID                                                                     | USA     | 83616-4694       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                           | 6. Annual Report must be signed.*                                                                                                                                 |       |                                                                        |         |                  |  |
| <b>ID<br/>W 43942</b>                                                                                                                                  |                           | Signature: Diane Parker Satchwell                                                                                                                                 |       |                                                                        |         | Date: 09/18/2012 |  |
|                                                                                                                                                        |                           | Name (type or print): Diane Parker Satchwell                                                                                                                      |       |                                                                        |         | Title: President |  |
| Processed 09/18/2012                                                                                                                                   |                           | * Electronically provided signatures are accepted as original signatures.                                                                                         |       |                                                                        |         |                  |  |