

|                                                                                                                                                        |               |                                                                                                                                                                      |          |                                                                |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 67218</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><br>A AND G PHOTOGRAPHY, L.L.C.<br>ALECIA HARRIS<br>3944 W. MAGIC SPRUCE DR<br>MERIDIAN ID 83646<br>USA |          | ALECIA HARRIS<br>3944 W. MAGIC SPRUCE 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                                                                                                                                                | ALECIA HARRIS | 3944 W. MAGIC SPRUCE DR.                                                                                                                                             | MERIDIAN | ID                                                             | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 67218</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Alecia Harris<br>Name (type or print): Alecia Harris<br>Date: 10/20/2012<br>Title: Manager                           |          |                                                                |         |             |  |
| Processed 10/20/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                            |          |                                                                |         |             |  |