

|                                                                                                                                                        |               |                                                                               |       |                                                       |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------|-------|-------------------------------------------------------|------------------|-------------|--|
| No. <b>J 1601</b>                                                                                                                                      |               | <b>Due no later than Apr 30, 2010</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>Annual Report Form</b>                                                     |       | KEVIN MILLS<br>599 E 44TH ST UNIT 6<br>BOISE ID 83714 |                  |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                     |       | 3. <u>New</u> Registered Agent Signature:*            |                  |             |  |
|                                                                                                                                                        |               | STUDIO 2000, LLP<br>KEVIN L MILLS<br>599 E 44TH ST UNIT I 6<br>BOISE ID 83714 |       |                                                       |                  |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.                                                     |               |                                                                               |       |                                                       |                  |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                          | City  | State                                                 | Country          | Postal Code |  |
| PARTNER                                                                                                                                                | KEVIN L MILLS | 599 E 44TH ST UNIT 6                                                          | BOISE | ID                                                    | USA              | 83714       |  |
| PARTNER                                                                                                                                                | BETTY J MILLS | 599 E 44TH ST UNIT 6                                                          | BOISE | ID                                                    | USA              | 83714       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                             |       |                                                       |                  |             |  |
| <b>ID<br/>J 1601</b>                                                                                                                                   |               | Signature: Kevin Mills                                                        |       |                                                       | Date: 05/07/2010 |             |  |
|                                                                                                                                                        |               | Name (type or print): Kevin Mills                                             |       |                                                       | Title: President |             |  |
| Processed 05/07/2010                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.     |       |                                                       |                  |             |  |