

|                                                                                                                                                        |          |                                                                                                                                        |         |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 34218</b>                                                                                                                                     |          | <b>Due no later than Oct 31, 2013</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>TOM MOSS PAINTER LLC<br>TOM MOSS<br>1510 NORTHRIDGE DR<br>HAILEY ID 83333 |         | TOM MOSS<br>1510 NORTHRIDGE DR<br>HAILEY ID 83333  |         |                  |  |
|                                                                                                                                                        |          |                                                                                                                                        |         | 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                                                                                                                                                 | TOM MOSS | P O BOX 3612                                                                                                                           | KETCHUM | ID                                                 | USA     | 83340            |  |
| 5. Organized Under the Laws of:                                                                                                                        |          | 6. Annual Report must be signed.*                                                                                                      |         |                                                    |         |                  |  |
| <b>ID<br/>W 34218</b>                                                                                                                                  |          | Signature: Tom Moss                                                                                                                    |         |                                                    |         | Date: 08/16/2013 |  |
|                                                                                                                                                        |          | Name (type or print): Tom Moss                                                                                                         |         |                                                    |         | Title: Member    |  |
| Processed 08/16/2013                                                                                                                                   |          | * Electronically provided signatures are accepted as original signatures.                                                              |         |                                                    |         |                  |  |