

|  |             |   |      |  |                  |             |  |
|--|-------------|---|------|--|------------------|-------------|--|
| No. <b>W 41163</b>   |             | <b>Due no later than Jul 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>Annual Report Form</b>   |      | MICHAEL DUVALL<br>621 14TH AVE N<br>BUHL ID 83316  |                  |             |  |
|  |             | <b>1. Mailing Address: Correct in this box if needed.</b>                     |      | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|  |             | STIX N STONES LLC<br>MICHAEL DUVALL<br>PO BOX 145<br>TWIN FALLS ID 83303-0145 |      |  |                  |             |  |
| 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  | MIKE DUVALL | 621 14TH AVE N  | BUHL | ID   | USA              | 83316       |  |
| 5. Organized Under the Laws of:  |             | 6. Annual Report must be signed.*   |      |  |                  |             |  |
| <b>ID<br/>W 41163</b>  |             | Signature: Mike Duvall  |      |  | Date: 08/13/2012 |             |  |
|  |             | Name (type or print): Mike Duvall   |      |  | Title: Owner     |             |  |
| Processed 08/13/2012   |             | * Electronically provided signatures are accepted as original signatures.     |      |  |                  |             |  |