

|                                                                                                    |                        |                                                                                                                                                    |  |                                                                 |             |                |                      |
|----------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|-------------|----------------|----------------------|
| No. <b>W 53949</b>                                                                                 |                        | <b>Due no later than Aug 31, 2011</b><br><b>Annual Report Form</b>                                                                                 |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )            |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                        | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TESONE'S LLC<br>CHANDRA TESONE<br>1906 E LAKESIDE AVE<br>COEUR D'ALENE ID 83814   |  | CHANDRA TESONE<br>1906 E LAKESIDE AVE<br>COEUR D'ALENE ID 83814 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                   |                        |                                                                                                                                                    |  | 3. <u>New</u> Registered Agent Signature:*                      |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                        |                                                                                                                                                    |  |                                                                 |             |                |                      |
| Office Held<br>MEMBER                                                                              | Name<br>CHANDRA TESONE | Street or PO Address<br>1906 E LAKESIDE AVE                                                                                                        |  | City<br>COEUR D'ALENE                                           | State<br>ID | Country<br>USA | Postal Code<br>83814 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 53949</b>                                 |                        | 6. Annual Report must be signed.*<br><br>Signature: Chandra Tesone<br>Name (type or print): Chandra Tesone<br><br>Date: 08/04/2011<br>Title: Owner |  |                                                                 |             |                |                      |
| Processed 08/04/2011 * Electronically provided signatures are accepted as original signatures.     |                        |                                                                                                                                                    |  |                                                                 |             |                |                      |