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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 116715</b>                                                                                                                                    |             | <b>Due no later than Aug 31, 2014</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>LITTLE FIVE LINKS LLC<br>TAX DEPARTMENT<br>300 NW 16TH ST<br>FRUITLAND ID 83619-2218<br>USA |           | BROOKS DAME<br>300 NW 16TH ST<br>FRUITLAND ID 83619-2218 |         |                       |  |
|                                                                                                                                                        |             |                                                                                                                                                              |           | 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                                                                                                                                                | BROOKS DAME | 300 NW 16TH STREET                                                                                                                                           | FRUITLAND | ID                                                       | USA     | 83619-2218            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                            |           |                                                          |         |                       |  |
| <b>ID<br/>W 116715</b>                                                                                                                                 |             | Signature: Cindy M McLeran                                                                                                                                   |           |                                                          |         | Date: 06/23/2014      |  |
|                                                                                                                                                        |             | Name (type or print): Cindy M McLeran                                                                                                                        |           |                                                          |         | Title: Tax Accountant |  |
| Processed 06/23/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                    |           |                                                          |         |                       |  |