

|                                                                                                                                                        |                   |                                                                                                                                      |            |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 99934</b>                                                                                                                                     |                   | <b>Due no later than Jan 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>PIECEWOOD LLC<br>PO BOX 2367<br>TWIN FALLS ID 83303-2367                |            | JOYCE STUKENHOLTZ<br>3420 MOONLIGHT DR<br>KIMBERLY ID 83341 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                      |            | 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                                                                                                                                                 | JOYCE STUKENHOLTZ | 3420 MOONLIGHT DR                                                                                                                    | TWIN FALLS | ID                                                          | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 99934</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Dennis Brown<br>Name (type or print): Dennis Brown<br>Date: 11/07/2012<br>Title: Cpa |            |                                                             |         |             |  |
| Processed 11/07/2012                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                            |            |                                                             |         |             |  |