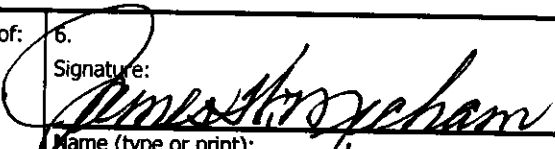


| No. W 40988 | Due no later than Jul 31, 2013 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) JAMES W MECHAM 412 MAIN AVE N TWIN FALLS ID 83301 | | | | | | | |
|---|---|---|--|---|---------|----------------------|------|-------|---------|-------------|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. 424 LITTLE, LLC JAMES W MECHAM PO BOX 3119 TWIN FALLS ID 83303-3119 USA | | 3. <u>New</u> Registered Agent Signature. | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | James W. Mecham P.O. Box 3119 Twin Falls ID USA 83303 | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 40988 </div> | | 6. Signature:  <hr/> Name (type or print): James W. Mecham | | Date: 7-17-2013 <hr/> Title: sole proprietor | | | | | | |
| Issued 07/17/2013 by KAH | | | | 104778 | | | | | | |