

|                                                                                                                                                        |                 |                                                                                                                                   |           |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 5531</b>                                                                                                                                      |                 | <b>Due no later than Feb 28, 2009</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>GRRL, LLC<br>R DAVID JACKSON<br>PO BOX 550<br>BLACKFOOT ID 83221 |           | LARRY E WATT<br>462 S 1200 W<br>PINGREE ID 83262   |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                   |           | 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                                                                                                                                                | LARRY WATT      | 462 S 1200 W                                                                                                                      | PINGREE   | ID                                                 | USA     | 83262       |  |
| MANAGER                                                                                                                                                | WILLIAM MARTIN  | 225 NORTH 900 WEST                                                                                                                | BLACKFOOT | ID                                                 | USA     | 83221       |  |
| MANAGER                                                                                                                                                | R DAVID JACKSON | 13098 MOONGLOW                                                                                                                    | POCATELLO | ID                                                 | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 5531</b>                                                                                            |                 | 6. Annual Report must be signed.*<br>Signature: R. David Jackson<br>Name (type or print): R. David Jackson                        |           |                                                    |         |             |  |
| Date: 12/10/2008<br>Title: Manager                                                                                                                     |                 |                                                                                                                                   |           |                                                    |         |             |  |
| Processed 12/10/2008                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                         |           |                                                    |         |             |  |