

|                                                                                                                                                        |               |                                                                                                                                              |         |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 49447</b>                                                                                                                                     |               | <b>Due no later than Apr 30, 2012</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>DIAMOND L INVESTORS LLC<br>RYAN LEISHMAN<br>4455 JUD ST<br>REXBURG ID 83440 |         | JARIN O HAMMER<br>2105 CORONADO ST<br>IDAHO FALLS ID 83404 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                              |         | 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                                                                                                                                                | RYAN LEISHMAN | 4455 JUD ST                                                                                                                                  | REXBURG | ID                                                         | USA     | 83440            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                            |         |                                                            |         |                  |  |
| <b>ID<br/>W 49447</b>                                                                                                                                  |               | Signature: Cydnie Leishman                                                                                                                   |         |                                                            |         | Date: 03/08/2012 |  |
|                                                                                                                                                        |               | Name (type or print): Cydnie Leishman                                                                                                        |         |                                                            |         | Title: Sec       |  |
| Processed 03/08/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                    |         |                                                            |         |                  |  |