

|  |                  |  |       |  |         |                  |  |
|--|------------------|--|-------|--|---------|------------------|--|
| No. <b>W 5178</b>  |                  | <b>Due no later than Dec 31, 2011</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>Annual Report Form</b>  |       | MICHAEL E WILSON<br>1629 SHOSHONE ST<br>BOISE ID 83705 |         |                  |  |
|  |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                              |       | 3. <u>New</u> Registered Agent Signature:*             |         |                  |  |
|  |                  | WILSON FAMILY, L.L.C.<br>MICHAEL E WILSON<br>1629 SHOSHONE ST<br>BOISE ID 83705<br>USA |       |  |         |                  |  |
| 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   | MICHAEL E WILSON | 3418 SWEETWATER DR   | BOISE | ID   | USA     | 83716            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |       |  |         |                  |  |
| <b>ID<br/>W 5178</b>   |                  | Signature: Michael E. Wilson   |       |  |         | Date: 10/08/2011 |  |
|  |                  | Name (type or print): Michael E. Wilson  |       |  |         | Title: President |  |
| Processed 10/08/2011   |                  | * Electronically provided signatures are accepted as original signatures.              |       |  |         |                  |  |