

|                                                                                                                                                        |                  |                                                                                                                                                      |       |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 29680</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>SANDRACO, LLC<br>WILLIAM L. HOPKINS<br>2529 EAST 100 NORTH<br>TETON ID 83451<br>USA |       | W LYNN HOPKINS<br>2529 EAST 1000 NORTH<br>TETON ID 83451 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                      |       | 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                                                                                                                                                 | W LYNN HOPKINS   | 2529 EAST 100 NORTH                                                                                                                                  | TETON | ID                                                       | USA     | 83451       |  |
| MEMBER                                                                                                                                                 | SANDRA Q HOPKINS | 2529 EAST 1000 NORTH                                                                                                                                 | TETON | ID                                                       | USA     | 83451       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 29680</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: W. Lynn Hopkins<br>Name (type or print): W. Lynn Hopkins                                             |       |                                                          |         |             |  |
|                                                                                                                                                        |                  | Date: 02/09/2012<br>Title: Member                                                                                                                    |       |                                                          |         |             |  |
| Processed 02/09/2012                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                            |       |                                                          |         |             |  |