

|                                                                                                                                                        |               |                                                                                                                                                                                            |       |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 29333</b>                                                                                                                                     |               | <b>Due no later than Mar 31, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DOS GRINGOS LLC<br>ROB DICKINSON<br>855 BROAD STREET<br>SUITE 300<br>BOISE ID 83702-7154 |       | COLBY HALKER<br>855 BROAD STREET STE 300<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                            |       | 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                                                                                                                                                | JASON HAWKINS | 855 BROAD STREET STE 300                                                                                                                                                                   | BOISE | ID                                                         | USA     | 83702       |  |
| MANAGER                                                                                                                                                | COLBY HALKER  | 855 BROAD STREET STE 300                                                                                                                                                                   | BOISE | ID                                                         | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 29333</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Shauna Patrick<br>Name (type or print): Shauna Patrick                                                                                     |       |                                                            |         |             |  |
|                                                                                                                                                        |               | Date: 01/12/2012<br>Title: Bookkeeper                                                                                                                                                      |       |                                                            |         |             |  |
| Processed 01/12/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |       |                                                            |         |             |  |