

|                                                                                                                                                        |             |                                                                                                                                       |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 34744</b>                                                                                                                                     |             | <b>Due no later than Nov 30, 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>WINSTAR VENTURES, LLC<br>ALLEN OGDEN<br>PO BOX 422<br>SAGLE ID 83860 |       | ALLEN OGDEN<br>556 PHILLIPS LN<br>SAGLE ID 83860   |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                       |       | 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                                                                                                                                                | ALLEN OGDEN | PO BOX 422                                                                                                                            | SAGLE | ID                                                 | USA     | 83860            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                     |       |                                                    |         |                  |  |
| <b>ID<br/>W 34744</b>                                                                                                                                  |             | Signature: Allen Ogden                                                                                                                |       |                                                    |         | Date: 12/27/2009 |  |
|                                                                                                                                                        |             | Name (type or print): Allen Ogden                                                                                                     |       |                                                    |         | Title: Manager   |  |
| Processed 12/27/2009                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                             |       |                                                    |         |                  |  |