

|                                                                                                                                                        |                |                                                                                                                                            |            |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 109144</b>                                                                                                                                    |                | <b>Due no later than Dec 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>1. Mailing Address: Correct in this box if needed.</b><br><br>ROLLIN, LLC<br>RACHELLE DILLE<br>662 SUNFIRE DRIVE<br>TWIN FALLS ID 83301 |            | NICK KELSEY<br>662 SUNFIRE DRIVE<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                            |            | 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                                                                                                                                                 | RACHELLE DILLE | 662 SUNFIRE DRIVE                                                                                                                          | TWIN FALLS | ID                                                      | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 109144</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Rachelle Dille<br>Name (type or print): Rachelle Dille<br>Date: 12/20/2012<br>Title: Owner |            |                                                         |         |             |  |
| Processed 12/20/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                  |            |                                                         |         |             |  |