

|                                                                                                                                                        |             |                                                                                                                                      |             |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 29345</b>                                                                                                                                     |             | <b>Due no later than Mar 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>1. Mailing Address: Correct in this box if needed.</b><br><br>SHORTYS, LLC<br>CARL DEFORD<br>PO BOX 615<br>GRANGEVILLE ID 83530   |             | CARL DEFORD<br>268 SUNRISE ST<br>GRANGEVILLE ID 83530 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                      |             | 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                                                                                                                                                 | CARL DEFORD | PO BOX 615                                                                                                                           | GRANGEVILLE | ID                                                    | USA     | 83530       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 29345</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Carl DeFord<br>Name (type or print): Carl DeFord<br>Date: 02/13/2011<br>Title: Owner |             |                                                       |         |             |  |
| Processed 02/13/2011                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                            |             |                                                       |         |             |  |