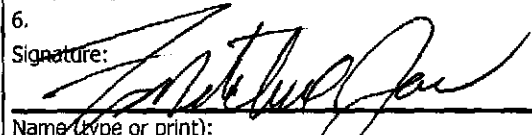
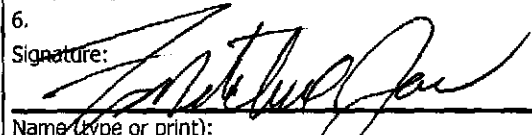
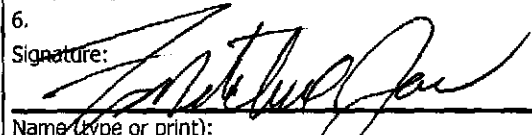


No. W 7210	Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) F MITCHELL JACOBS 2496 N 2375 E HAMER ID 83425
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CENTENNIAL MOUNTAIN PROPERTIES LLC F MITCHELL JACOBS 2496 N 2375 E HAMER ID 83425		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	F. Mitchell Jacobs	2496 N. 2375 E.	Hamer ID	Idaho		83425
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kirk M. Jacobs	P.O. Box 1109	Hamer ID	Idaho		83425
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Marilyn Fife	P.O. Box 225	Island Park ID			Fremont 83429
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 7210 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): <u>F. Mitchell Jacobs</u> </td> <td style="width: 40%;"> Date: <u>9-9-14</u> Title: <u>Pres.</u> </td> </tr> </table>	Signature:  Name (type or print): <u>F. Mitchell Jacobs</u>	Date: <u>9-9-14</u> Title: <u>Pres.</u>
Signature:  Name (type or print): <u>F. Mitchell Jacobs</u>	Date: <u>9-9-14</u> Title: <u>Pres.</u>		

Issued 08/19/2014 by JAH

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM