No. W 45693	Due no later than Dec 31, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. EQUITY PROPERTY MANAGEMENT LLC JAMES SINCLAIR THORPE 248 N. PALMETTO AVE.		240 N DALM	JAMES S THORPE 248 N.PALMETTO AVE EAGLE ID 83616-5172			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			EAGLE ID				
NO FILING FEE IF RECEIVED BY DUE DATE	EAGLE ID 8361	6-5172	3. <u>New</u> Registe	ered Agent Si	gnature:*		
4. Limited Liability Companies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER GAIL STEPHANIE THORPE 248 N. PALMETTO AVE.			EAGLE	ID	USA	83616-5172	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: James S. Thorpe			Date: 01/18/2012			
W 45693	Name (type or p		Title: Member				
Processed 01/18/2012	* Electronically provided signatures are accepted as original signatures.						