| No. W 55261 | D | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------------------------|--|---|--|---------|-------------|--|
| Return to: | | Annual Report Form | | MICHAEL J SINICROPI | | | |
| SECRETARY OF STATE | 1. Mailing A | 1. Mailing Address: Correct in this box if needed. MOUNTAIN MOOSE BROKERAGE, LLC MICHAEL J SINICROPI 5336 NORTH MOOSE CREEK AVE MERIDIAN ID 83642-3639 | | 5336 NORTH MOOSE CREEK AVE MERIDIAN ID 83642-3639 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | MICHAEL J S | | | | | | |
| | MERIDIAN ID | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 4. Limited Liability Companies: Enter N | lames and Address | ses of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MICHAEL | J SINICROPI | 5336 N MOOSE CREEK | MERIDIAN | ID | USA | 83642 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: Michael Sinicropi | | | Date: 08/11/2009 | | | |
| W 55261 | Name (type o | Name (type or print): Michael Sinicropi | | Title: Owner | | | |
| Processed 08/11/2009 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | |