

|                                                                                                                                                        |            |                                                                                                                                                                           |         |                                                    |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|
| No. <b>W 109310</b>                                                                                                                                    |            | <b>Due no later than Dec 31, 2013</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>NCR PROPERTIES LLC<br>NOAH L RAE<br>PO BOX 818<br>PAYETTE ID 83661-0818 |         | SHERI L CALDWELL<br>1211 MESA RD<br>MESA ID 83643  |         |
|                                                                                                                                                        |            |                                                                                                                                                                           |         | 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 |
| MEMBER                                                                                                                                                 | NOAH L RAE | PO BOX 818                                                                                                                                                                | PAYETTE | ID                                                 | USA     |
| Postal Code 83661-0818                                                                                                                                 |            |                                                                                                                                                                           |         |                                                    |         |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 109310</b>                                                                                          |            | 6. Annual Report must be signed.*<br>Signature: Ann Bennight<br>Name (type or print): Ann Bennight<br>Date: 10/21/2013<br>Title: Accountant                               |         |                                                    |         |
| Processed 10/21/2013                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                                 |         |                                                    |         |