

|                                                                                                                                                        |                |                                                                                                                                                       |             |                                                           |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>W 45795</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>1. Mailing Address: Correct in this box if needed.</b><br>WIN STAR REALTY, LLC<br>JIM WINDMILLER<br>3525 MERLIN DR.<br>IDAHO FALLS ID 83404<br>USA |             | JIM WINDMILLER<br>3525 MERLIN DR.<br>IDAHO FALLS ID 83404 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                       |             | 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      |  |
| MANAGER                                                                                                                                                | JIM WINDMILLER | 5385 E SKIDMORE DR                                                                                                                                    | IDAHO FALLS | ID                                                        | USA     | 83406            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                     |             |                                                           |         |                  |  |
| <b>ID<br/>W 45795</b>                                                                                                                                  |                | Signature: Jim Windmiller                                                                                                                             |             |                                                           |         | Date: 10/24/2013 |  |
|                                                                                                                                                        |                | Name (type or print): Jim Windmiller                                                                                                                  |             |                                                           |         | Title: Manager   |  |
| Processed 10/24/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                             |             |                                                           |         |                  |  |