

|                                                                                                                                                        |                     |                                                                                                                                                                                  |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 121959</b>                                                                                                                                    |                     | <b>Due no later than Feb 28, 2015</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>8 PERCENT JUNIPER, LLC<br>HAROLD STONE<br>5729 CHUCKWAGON RD<br>NAMPA ID 83686 |       | HAROLD STONE<br>5729 CHUCKWAGON RD<br>NAMPA 83686  |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                  |       | 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 |  |
| MEMBER                                                                                                                                                 | BRENDA KAY STONE    | 5729 CHUCKWAGON RD.                                                                                                                                                              | NAMPA | ID                                                 | USA     | 83686-9565  |  |
| MEMBER                                                                                                                                                 | HAROLD JOSEPH STONE | 5729 CHUCKWAGON RD.                                                                                                                                                              | NAMPA | ID                                                 | USA     | 83686-9565  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 121959</b>                                                                                          |                     | 6. Annual Report must be signed.*<br>Signature: Brenda Stone<br>Name (type or print): Brenda Stone<br>Date: 12/20/2014<br>Title: member                                          |       |                                                    |         |             |  |
| Processed 12/20/2014                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                        |       |                                                    |         |             |  |