

No. W 63400		Due no later than Jun 30, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CENTER POINT LLC JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303 USA		MARK WRIGHT 401 GOODING ST N STE 201 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MARK WRIGHT	Street or PO Address PO BOX 1293		City TWIN FALLS	State ID	Country USA	Postal Code 83303
5. Organized Under the Laws of: ID W 63400		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 05/16/2011 Title: Agent					
Processed 05/16/2011 * Electronically provided signatures are accepted as original signatures.							