

|  |                |  |            |   |         |                        |  |
|--|----------------|--|------------|---|---------|------------------------|--|
| No. <b>W 144363</b>  |                | <b>Due no later than Nov 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>LAND PIONEER PROPERTIES, LLC<br>JOSEPH N ATKIN<br>1423 RIVERRIDGE ST<br>TWIN FALLS ID 83301 |            | JOSEPH N ATKIN<br>1423 RIVERRIDGE ST<br>TWIN FALLS ID 83301 |         |                        |  |
|  |                |  |            | 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   | JOSEPH N ATKIN | 1423 RIVERRIDGE ST   | TWIN FALLS | ID  | USA     | 83301                  |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |            |   |         |                        |  |
| <b>ID<br/>W 144363</b>   |                | Signature: Joseph N. Atkin   |            |   |         | Date: 12/12/2015       |  |
|  |                | Name (type or print): Joseph N. Atkin  |            |   |         | Title: Managing Member |  |
| Processed 12/12/2015   |                | * Electronically provided signatures are accepted as original signatures.  |            |   |         |                        |  |