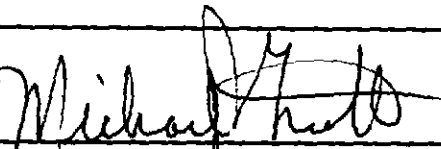


No. W 94834	Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL P GROTH 935 FIRST ST IDAHO FALLS ID 83401
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. OSPREY NEST LLC 935 FIRST ST IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael P. Groth	570 So. Yellowstone Ave.	Idaho Falls,	Idaho		83402
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JILL GROTH	570 So. Yellowstone Ave.	Idaho Falls,	Idaho		83402
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 94834</div>	6. Signature:  <hr/> Name (type or print): Michael P. Groth <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 7-20-15 </div> <div> Title: <u>Partner</u> </div> </div>
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Issued 07/15/2015 by SLD
125625

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM