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|--|-------------------|--|--------|--|---------|-------------|--|
| No. W 71340 | | Due no later than Feb 29, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. MVCP, LLC CLOYD R SEARLE 474 E 550 S BURLEY ID 83318 | | CLOYD R SEARLE 474 E 550 S BURLEY ID 83318 | | | |
| | | | | 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 | CLOYD R SEARLE | 474 E 550 S | BURLEY | ID | USA | 83318 | |
| MANAGER | KENT R SEARLE | 476 E 600 S | BURLEY | ID | USA | 83318 | |
| MANAGER | CRAIG E SEARLE | 522 E 600 S | BURLEY | ID | USA | 83318 | |
| MANAGER | CLIFFORD L SEARLE | 500 E 500 S | BURLEY | ID | USA | 83318 | |
| MANAGER | KELLY C SEARLE | 739 S 50 W | BURLEY | ID | USA | 83318 | |
| 5. Organized Under the Laws of: ID W 71340 | | 6. Annual Report must be signed.* Signature: Cloyd R Searle Name (type or print): Cloyd R Searle | | | | | |
| | | Date: 12/09/2011 Title: Manager | | | | | |
| Processed 12/09/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |