

|                                                                                                                                                        |                |                                                                                                                                                                      |             |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 34439</b>                                                                                                                                     |                | <b>Due no later than Nov 30, 2012</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>ZIRKER PROPERTY MANAGEMENT LLC<br>MALISSA A ZIRKER<br>5646 E SAGEWOOD DRIVE<br>IDAHO FALLS ID 83406 |             | JED ZIRKER<br>5646 E SAGEWOOD DRIVE<br>IDAHO FALLS ID 83406 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                      |             | 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                                                                                                                                                 | JED ZIRKER     | 5646 E SAGEWOOD DRIVE                                                                                                                                                | IDAHO FALLS | ID                                                          | USA     | 83406       |  |
| MEMBER                                                                                                                                                 | MALISSA ZIRKER | 5646 E SAGEWOOD DRIVE                                                                                                                                                | IDAHO FALLS | ID                                                          | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34439</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Malissa Zirker<br>Name (type or print): Malissa Zirker<br>Date: 12/20/2012<br>Title: Member                          |             |                                                             |         |             |  |
| Processed 12/20/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                            |             |                                                             |         |             |  |