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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 117813</b>                                                                                                                                    |               | <b>Due no later than Oct 31, 2014</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>LITTLE SALMON RIVER INVESTMENTS LLC<br>SCOTT THOMSON<br>PO BOX 14001-363<br>KETCHUM ID 83340 |         | SCOTT THOMSON<br>323 LEWIS STREET, UNIT K<br>KETCHUM ID 83340 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                           |         | 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                                                                                                                                                | SCOTT THOMSON | PO BOX 14001-363                                                                                                                                          | KETCHUM | ID                                                            | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 117813</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Scott Thomson<br>Name (type or print): Scott Thomson                                                      |         |                                                               |         |             |  |
|                                                                                                                                                        |               | Date: 08/20/2014<br>Title: Manager                                                                                                                        |         |                                                               |         |             |  |
| Processed 08/20/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                 |         |                                                               |         |             |  |