

|                                                                                                                                                        |                             |                                                                                                                                                          |            |                                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 72644</b>                                                                                                                                     |                             | <b>Due no later than Mar 31, 2011</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>VISTA GRANDE, LLC<br>JACK MCCALL<br>409 SHOSHONE ST SOUTH STE 25<br>TWIN FALLS ID 83301 |            | JACK MCCALL<br>409 SHOSHONE ST SOUTH STE 25<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 |  |
| MANAGER                                                                                                                                                | INTERMOUNTAIN OLDE TOWN LLC | 409 SHOSHONE ST SOUTH STE 25                                                                                                                             | TWIN FALLS | ID                                                                 | USA     | 83301       |  |
| MANAGER                                                                                                                                                | JACK MCCALL                 | 409 SHOSHONE ST SOUTH STE 25                                                                                                                             | TWIN FALLS | ID                                                                 | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 72644</b>                                                                                           |                             | 6. Annual Report must be signed.*<br>Signature: Jack McCall<br>Name (type or print): Jack McCall                                                         |            |                                                                    |         |             |  |
|                                                                                                                                                        |                             | Date: 01/18/2011<br>Title: Manager                                                                                                                       |            |                                                                    |         |             |  |
| Processed 01/18/2011                                                                                                                                   |                             | * Electronically provided signatures are accepted as original signatures.                                                                                |            |                                                                    |         |             |  |