

| | | | | | | | |
|--|---------------------|--|------------|---|---------|-------------|--|
| No. W 81096 | | Due no later than Feb 28, 2010 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 | | 1. Mailing Address: Correct in this box if needed. EXPERT PROPERTY SOLUTIONS LLC BRET L BELNAP 466 CARRIAGE LANE TWIN FALLS ID 83301 USA | | BRET LEE BELNAP 466 CARRIAGE LANE TWIN FALLS ID 83301 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | KAREN RAQUEL BELNAP | 466 CARRIAGE LANE | TWIN FALLS | ID | USA | 83301 | |
| MEMBER | BRET LEE BELNAP | 466 CARRIAGE LANE | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID W 81096 | | 6. Annual Report must be signed.* Signature: Bret Lee Belnap Name (type or print): Bret Lee Belnap | | | | | |
| | | Date: 03/04/2010 Title: Member | | | | | |
| Processed 03/04/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | |