

|                                                                                                                                                        |                   |                                                                                                                                              |        |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 171331</b>                                                                                                                                    |                   | <b>Due no later than Sep 30, 2017</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>MAGIC MOUNTAIN ROAD, LLC<br>JACK W FLAMMER JR<br>PO BOX 3923<br>HAILEY ID 83333 |        | ROBERT KORB<br>128 SADDLE RD STE 103<br>KETCHUM ID 83340-8334 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                              |        | 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                                                                                                                                                 | JACK W FLAMMER JR | PO BOX 3923                                                                                                                                  | HAILEY | ID                                                            | USA     | 83333            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                            |        |                                                               |         |                  |  |
| <b>ID<br/>W 171331</b>                                                                                                                                 |                   | Signature: Robert Korb                                                                                                                       |        |                                                               |         | Date: 10/24/2017 |  |
|                                                                                                                                                        |                   | Name (type or print): Robert Korb                                                                                                            |        |                                                               |         | Title: Agent     |  |
| Processed 10/24/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                    |        |                                                               |         |                  |  |