

|                                                                                                                                                        |                   |                                                                                                    |       |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 80960</b>                                                                                                                                     |                   | <b>Due no later than Jan 31, 2016</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>Annual Report Form</b>                                                                          |       | STEPHANIE BUSHMAN<br>3001 SHAMROCK AVE<br>NAMPA ID 83686 |         |             |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b>                                          |       | 3. <u>New</u> Registered Agent Signature:*               |         |             |  |
|                                                                                                                                                        |                   | PTARMIGAN PROPERTY LLC<br>STEPHANIE BUSHMAN<br>3001 SHAMROCK AVE<br>NAMPA ID 83686                 |       |                                                          |         |             |  |
| 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                                                                                                                                                | STEPHANIE BUSHMAN | 3001 SHAMROCK AVE                                                                                  | NAMPA | ID                                                       | USA     | 83686       |  |
| MANAGER                                                                                                                                                | PAUL BUSHMAN      | 3001 SHAMROCK AVE                                                                                  | NAMPA | ID                                                       | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 80960</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Paul Bushman<br>Name (type or print): Paul Bushman |       |                                                          |         |             |  |
|                                                                                                                                                        |                   | Date: 11/16/2015<br>Title: Manager                                                                 |       |                                                          |         |             |  |
| Processed 11/16/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                          |       |                                                          |         |             |  |