

|                                                                                                                                                        |                |                                                                                                                                                        |                   |                                                          |         |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 5006</b>                                                                                                                                      |                | Due no later than Nov 30, 2009                                                                                                                         |                   | 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>LONE STAR PROPERTIES, LLC<br>BARRY L GOFF<br>2957 E FAIRVIEW AVE<br>MERIDIAN ID 83642 |                   | BARRY L GOFF<br>2957 E FAIRVIEW AVE<br>MERIDIAN ID 83642 |         |                       |  |
|                                                                                                                                                        |                |                                                                                                                                                        |                   | 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                                                                                                                                                | BARRY L GOFF   | 999 EAGLE HILLS WAY                                                                                                                                    | EAGLE             | ID                                                       | USA     | 83616                 |  |
| MANAGER                                                                                                                                                | NORMAN C MOORE | 1050 E. COUGAR CREEK CT.                                                                                                                               | MERIDIAN          | ID                                                       | USA     | 83646                 |  |
| MANAGER                                                                                                                                                | STEVEN R GOFF  | 48 HILL CREEK RD.                                                                                                                                      | HORSESHOE<br>BEND | ID                                                       | USA     | 83629                 |  |
| MANAGER                                                                                                                                                | MICHAEL C GOFF | 6124 N. TAPESTRY WAY                                                                                                                                   | BOISE             | ID                                                       | USA     | 83713                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                      |                   |                                                          |         |                       |  |
| <b>ID<br/>W 5006</b>                                                                                                                                   |                | Signature: Janette Nersveen                                                                                                                            |                   |                                                          |         | Date: 12/15/2009      |  |
|                                                                                                                                                        |                | Name (type or print): Janette Nersveen                                                                                                                 |                   |                                                          |         | Title: Office Manager |  |
| Processed 12/15/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                              |                   |                                                          |         |                       |  |