

|                                                                                                                                                        |                    |                                                                                                                                                         |             |                                                               |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 59584</b>                                                                                                                                     |                    | <b>Due no later than Feb 29, 2012</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>BLYNN PROPERTIES, LLC<br>ROBERT A MILLER JR<br>8247 W STATE ST<br>GARDEN CITY ID 83714 |             | ROBERT A MILLER JR<br>8247 W STATE ST<br>GARDEN CITY ID 83714 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                         |             | 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                                                                                                                                                 | ROBERT A MILLER JR | 8247 W STATE ST                                                                                                                                         | GARDEN CITY | ID                                                            | USA     | 83714       |  |
| MEMBER                                                                                                                                                 | LYNN MILLER        | 8247 W. STATE STREET                                                                                                                                    | GARDEN CITY | ID                                                            | USA     | 83714       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 59584</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Robert Miller<br>Name (type or print): Robert Miller<br>Date: 03/08/2012<br>Title: Member               |             |                                                               |         |             |  |
| Processed 03/08/2012                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                               |             |                                                               |         |             |  |