

|                                                                                                                                                        |                |                                                                                                                            |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 143289</b>                                                                                                                                    |                | <b>Due no later than Oct 31, 2015</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>A2Z PROPERTY GROUP, LLC<br>386 N 4065 E<br>RIGBY ID 83442 |       | PAMELA K OWENS<br>386 N 4065 E<br>RIGBY ID 83442   |         |             |  |
|                                                                                                                                                        |                |                                                                                                                            |       | 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                                                                                                                                                 | PAMELA K OWENS | 386 N 4065 E                                                                                                               | RIGBY | ID                                                 | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>W 143289</b>                                                                                                 |                | 6. Annual Report must be signed.*<br>Signature: Pamela K. Owens<br>Name (type or print): Pamela K. Owens                   |       |                                                    |         |             |  |
|                                                                                                                                                        |                | Date: 10/14/2015<br>Title: Member                                                                                          |       |                                                    |         |             |  |
| Processed 10/14/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                  |       |                                                    |         |             |  |