

|                                                                                                                                                        |                 |                                                                                                                                                                                       |       |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 34943</b>                                                                                                                                     |                 | <b>Due no later than Dec 31, 2009</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>STARFIRE PROPERTIES LLC<br>DENMAN WAGSTAFF<br>5906 W HALF MOON LN<br>EAGLE ID 83616 |       | DENMAN WAGSTAFF<br>5906 W HALF MOON LN<br>EAGLE ID 83616 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                       |       | 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                                                                                                                                                | DENMAN WAGSTAFF | 5906 W HALF MOON LN                                                                                                                                                                   | EAGLE | ID                                                       | USA     | 83616       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34943</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Denman Wagstaff<br>Name (type or print): Denman Wagstaff<br>Date: 12/13/2009<br>Title: Manager                                        |       |                                                          |         |             |  |
| Processed 12/13/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                             |       |                                                          |         |             |  |