

No. W 56663		Due no later than November 30, 2007		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address - Correct in this box, if applicable ROISUM MOUNTAIN VIEW, LLC SHELLIE ROISUM 7955 S BLACKHAWK DR IDAHO FALLS, ID 83406		SHELLIE ROISUM 7955 S BLACKHAWK DR IDAHO FALLS, ID 83406													
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers.																	
<table border="1"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td></td><td>Mgr. Shellie Roisum</td><td>7955 So. Blackhawk Dr.</td><td>Idaho Falls,</td><td>ID</td><td>83406</td></tr></tbody></table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Mgr. Shellie Roisum	7955 So. Blackhawk Dr.	Idaho Falls,	ID	83406
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
	Mgr. Shellie Roisum	7955 So. Blackhawk Dr.	Idaho Falls,	ID	83406												
5. Organized Under the Laws of: IDAHO W 56663		6. Signature <u>Shellie Roisum</u> Date <u>10-28-07</u> Name (Typed or Printed) <u>Shellie Roisum</u> Title <u>Manager</u>															

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Do Not Tape or Staple

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