

|                                                                                                                                                        |                   |                                                                                                                                                       |       |                                                           |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 80953</b>                                                                                                                                     |                   | <b>Due no later than Jan 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>L8N CABIN LLC<br>JANICE LEIGHTON<br>620 CLEARVUE DR<br>MERIDIAN ID 83646-5214<br>USA |       | JANICE LEIGHTON<br>620 CLEARVUE DR<br>MERIDIAN 83646-5214 |         |                         |  |
|                                                                                                                                                        |                   |                                                                                                                                                       |       | 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                                                                                                                                                 | TRACE W. LEIGHTON | 2624 PRONGHORN                                                                                                                                        | EAGLE | ID                                                        | USA     | 83616                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                     |       |                                                           |         |                         |  |
| <b>ID<br/>W 80953</b>                                                                                                                                  |                   | Signature: Janice Leighton                                                                                                                            |       |                                                           |         | Date: 11/24/2014        |  |
|                                                                                                                                                        |                   | Name (type or print): Janice Leighton                                                                                                                 |       |                                                           |         | Title: registered agent |  |
| Processed 11/24/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                             |       |                                                           |         |                         |  |