| No. W 58596 | | Due no later than Jan 31, 2013 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|---|------------------------------|--|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ASPEN SWOPE, LLC MICHAEL J SWOPE 2244 SWALLOWTAIL BOISE ID 83706 | | | MICHAEL J SWOPE 2244 SWALLOWTAIL BOISE ID 83706 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compan | ies: Enter Nar | mes and Addresses of at | least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | MICHAEL J | SWOPE | 2244 SWALLOWTAIL | | BOISE | ID | USA | 83706 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 58596 | | Signature: Michael J Swope | | | Date: 11/18/2012 | | | |
| | | Name (type or print): Michael J Swope | | | Title: Manager | | | |
| Processed 11/18/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |