| No. <b>W 49009</b>   |                  | Due no later than Mar 31, 2011   |                                       | 2. Registered         | 2. Registered Agent and Address (NO PO BOX)                   |            |                |  |
|--|------------------|--|---------------------------------------|-----------------------|---|------------|----------------|--|
| Return to:   |                  | Annual Report Form   |                                       |                       | JEFFREY L CHRISTIANSON<br>5040 W BEL AIR ST<br>BOISE ID 83705 |            |                |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                  | 1. Mailing Address: Correct in this box if needed.                               |                                       |                       |   |            |                |  |
|  |                  | VISTA PROPERTIES, LLC<br>JEFFREY L CHRISTIANSON<br>PO BOX 8312<br>BOISE ID 83707 |                                       | BOISE ID              | 3. New Registered Agent Signature:*                           |            |                |  |
|  |                  |  |                                       | 3. <u>New</u> Registe |   |            |                |  |
|  |                  |  |                                       |                       |   |            |                |  |
| 4. Limited Liability Comp  | oanies: Enter Na | mes and Addresses o  | f at least one Member or Manager.     |                       |   |            |                |  |
| Office Held  | Name             |  | Street or PO Address                  | City                  | State   | Country    | Postal Code    |  |
| MEMBER<br>MEMBER   |                  | CHRISTIANSON<br>CHRISTIANSON   | PO BOX 8312<br>PO BOX 8312            | BOISE<br>BOISE        | ID<br>ID  | USA<br>USA | 83707<br>83707 |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |                                       |                       |   |            |                |  |
| ID<br>W 49009  |                  | Signature: Jeffre  |                                       | Date: 02/07/2011      |   |            |                |  |
|  |                  | Name (type or pr   |                                       | Title: Member         |   |            |                |  |
| Processed 02/07/2011   |                  | * Electronically provi   | ded signatures are accepted as origir | nal signatures.       |   |            |                |  |