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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 92423</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 2011</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>LAINE HARBAUGH FAMILY PROPERTIES, LLC<br>1096 N EASTLAND DR STE 200<br>TWIN FALLS ID 83301 |        | LAINE HARBAUGH<br>513 13TH AVE E<br>JEROME ID 83338 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                             |        | 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                                                                                                                                                 | LAINE HARBAUGH | 513 13TH AVE E                                                                                                                                              | JEROME | ID                                                  | USA     | 83338       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 92423</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Nicole Wilson<br>Name (type or print): Nicole Wilson                                                        |        |                                                     |         |             |  |
|                                                                                                                                                        |                | Date: 02/07/2011<br>Title: Bookkeeper                                                                                                                       |        |                                                     |         |             |  |
| Processed 02/07/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                   |        |                                                     |         |             |  |