

|                                                                                                                                                        |             |                                                                                                                                                                                      |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 97664</b>                                                                                                                                     |             | <b>Due no later than Nov 30, 2014</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>REDSTONE PROPERTIES, LLC<br>HOWARD KING<br>3920 E. WILDHORSE LN.<br>BOISE ID 83712 |       | DEAN C SORENSEN<br>1423 TYRELL LN<br>BOISE 83706   |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                                                                      |       | 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      |  |
| MANAGER                                                                                                                                                | HOWARD KING | 3920 E WILDHORSE LN                                                                                                                                                                  | BOISE | ID                                                 | USA     | 83712            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                                                    |       |                                                    |         |                  |  |
| <b>ID<br/>W 97664</b>                                                                                                                                  |             | Signature: Dean Sorensen                                                                                                                                                             |       |                                                    |         | Date: 10/16/2014 |  |
|                                                                                                                                                        |             | Name (type or print): Dean Sorensen                                                                                                                                                  |       |                                                    |         | Title: Attorney  |  |
| Processed 10/16/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                            |       |                                                    |         |                  |  |