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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------------------|
| No. <b>W 33249</b>                                                                                                                                     |                              | <b>Due no later than Sep 30, 2008</b>                                                                                                                                                           |       | <b>2. Registered Agent and Address (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>NORTHTOWNE LLC<br>ROBERT L PHILLIPS<br>855 BROAD STREET<br>THIRD FLOOR<br>BOISE ID 83702-7153 |       | ROBERT L PHILLIPS<br>855 BROAD ST THIRD FL<br>BOISE ID 83702 |                     |
|                                                                                                                                                        |                              |                                                                                                                                                                                                 |       | 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                                                                                                                                                | HAWKINS SMITH MANAGEMENT INC | 855 BROAD STREET THIRD FLOOR                                                                                                                                                                    | BOISE | ID                                                           | USA 83702-7153      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 33249</b>                                                                                           |                              | 6. Annual Report must be signed.*<br>Signature: Rob Dickinson<br>Name (type or print): Rob Dickinson<br>Date: 09/23/2008<br>Title: Authorized Agent                                             |       |                                                              |                     |
| Processed 09/23/2008                                                                                                                                   |                              | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |       |                                                              |                     |