

|                                                                                                                                                        |                |                                                                                                                                                                              |            |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>C 186954</b>                                                                                                                                    |                | <b>Due no later than Apr 30, 2015</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>COOPER'S AT BEAR LAKE WEST, INC<br>TONY D CROWSON<br>554 LEWIS LOOP SUITE 100<br>FISH HAVEN ID 83287<br>USA |            | TONY CROWSON<br>554 LEWIS LOOP STE 100<br>FISH HAVEN 83287 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                              |            | 3. <u>New</u> Registered Agent Signature:*                 |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                              |            |                                                            |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                         | City       | State                                                      | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | ALISHA CROWSON | 554 LEWIS LOOP SUITE 100                                                                                                                                                     | FISH HAVEN | ID                                                         | USA     | 83287       |  |
| PRESIDENT                                                                                                                                              | TONY D CROWSON | 554 LEWIS LOOP SUITE 100                                                                                                                                                     | FISH HAVEN | ID                                                         | USA     | 83287       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 186954</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Tony Crowson<br>Name (type or print): Tony Crowson                                                                           |            |                                                            |         |             |  |
| Date: 02/17/2015<br>Title: President                                                                                                                   |                |                                                                                                                                                                              |            |                                                            |         |             |  |
| Processed 02/17/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                    |            |                                                            |         |             |  |