

|                                                                                                                                                        |                 |                                                                                                                                                                    |             |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 81318</b>                                                                                                                                     |                 | <b>Due no later than Feb 28, 2010</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>BLACKFOOT SPRINGS RANCH, LLC<br>RANDALL C. BUDGE<br>PO BOX 1391<br>POCATELLO ID 83201-1391<br>USA |             | RANDALL C BUDGE<br>201 E CENTER ST<br>POCATELLO ID 83201 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                    |             | 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                                                                                                                                                 | CHERIE T. GLENN | 448 SENECA ROAD                                                                                                                                                    | GREAT FALLS | VA                                                       | USA     | 22066       |  |
| MEMBER                                                                                                                                                 | DAVID W. GLENN  | 448 SENECA ROAD                                                                                                                                                    | GREAT FALLS | VA                                                       | USA     | 22066       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 81318</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Randall C. Budge<br>Name (type or print): Randall C. Budge                                                         |             |                                                          |         |             |  |
| Date: 01/12/2010<br>Title: Attorney                                                                                                                    |                 |                                                                                                                                                                    |             |                                                          |         |             |  |
| Processed 01/12/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                          |             |                                                          |         |             |  |