

|  |               |  |       |   |         |                  |  |
|--|---------------|--|-------|---|---------|------------------|--|
| No. <b>W 42023</b>   |               | <b>Due no later than Aug 31, 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>PORTER DEVELOPMENT, LLC<br>SCOT M LUDWIG<br>401 WEST FRONT STREET<br>SUITE 401<br>BOISE ID 83702<br>USA |       | SCOT M LUDWIG<br>401 WEST FRONT STREET<br>SUITE 401<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      |  |
| MEMBER   | SCOT M LUDWIG | 401 WEST FRONT STREET SUITE 401  | BOISE | ID  | USA     | 83702            |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 42023</b>  |               | Signature: Scot M. Ludwig  |       |   |         | Date: 06/21/2010 |  |
|  |               | Name (type or print): Scot M. Ludwig   |       |   |         | Title: Member    |  |
| Processed 06/21/2010   |               | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |