| No. **W 96650** | **Due no later than Sep 30, 2011** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>CAPITAL PEAK PARTNERS, LLC<br>MICHAEL LAVIGNE<br>29 MEADOW ST<br>WALLACE ID 83873 | MICHAEL LAVIGNE<br>29 MEADOW ST<br>WALLACE ID 83873<br><br>3. New 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 | MICHAEL B LAVIGNE | 29 MEADOW STREET | WALLACE | ID | USA | 83873 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 96650** | Signature: Michael Lavigne | Date: 08/09/2011 |
| | Name (type or print): Michael Lavigne | Title: Manager |

Processed 08/09/2011

* Electronically provided signatures are accepted as original signatures.