

|  |                    |  |           |  |         |             |  |
|--|--------------------|--|-----------|--|---------|-------------|--|
| No. <b>W 117608</b>  |                    | <b>Due no later than Sep 30, 2014</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>TREETOPS BUFFALO VALLEY, LLC<br>JASON SHIEBLER<br>PO BOX 645<br>DRIGGS ID 83422 |           | JASON M SHIEBLER<br>1367 N 7500 W<br>DRIGGS ID 83422 |         |             |  |
|  |                    |  |           | 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   | CHRISTINA SHIEBLER | PO BOX 1588  | PARK CITY | UT   | USA     | 84060       |  |
| MEMBER   | JASON SHIEBLER     | 1367 N 7500 W  | DRIGGS    | ID   | USA     | 83422       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 117608</b>  |                    | 6. Annual Report must be signed.*<br>Signature: Kelly Chircop<br>Name (type or print): Kelly Chircop   |           |  |         |             |  |
| Date: 07/28/2014<br>Title: Bookkeeper  |                    |  |           |  |         |             |  |
| Processed 07/28/2014   |                    | * Electronically provided signatures are accepted as original signatures.  |           |  |         |             |  |