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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------|---------------------|
| No. <b>W 1941</b>                                                                                                                                      |                  | <b>Due no later than Jan 31, 2017</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CHULIN PROPERTIES, L.L.C.<br>W CHARLES PORTER<br>19 COLLEGE AVE<br>REXBURG ID 83440 |         | W CHARLES PORTER<br>19 COLLEGE AVE<br>REXBURG ID 83440 |                     |
|                                                                                                                                                        |                  |                                                                                                                                                                                       |         | 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                                                                                                                                                 | W CHARLES PORTER | 1236 FAIRVIEW AVE.                                                                                                                                                                    | REXBURG | ID                                                     | 83440               |
| MEMBER                                                                                                                                                 | LINDA H PORTER   | 1236 FAIRVIEW AVE.                                                                                                                                                                    | REXBURG | ID                                                     | 83440               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 1941</b>                                                                                            |                  | 6. Annual Report must be signed.*<br>Signature: W Charles Porter<br>Name (type or print): W Charles Porter<br>Date: 11/29/2015<br>Title: Member                                       |         |                                                        |                     |
| Processed 11/29/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                             |         |                                                        |                     |