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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 18262</b>                                                                                                                                     |                   | <b>Due no later than Mar 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>1. Mailing Address: Correct in this box if needed.</b><br><br>O.S.S.M. LANDHOLDING, L.L.C.<br>850 W IRONWOOD DR<br>SUITE 202<br>COEUR D' ALENE ID 83814-4903<br>USA |               | ROGER C DUNTERMAN<br>850 W IRONWOOD DR<br>SUITE 202<br>COEUR D' ALENE ID 83814-4903 |         |                       |  |
|                                                                                                                                                        |                   |                                                                                                                                                                        |               | 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                                                                                                                                                 | ROGER C DUNTEMAN  | 850 W IRONWOOD DR SUITE 202                                                                                                                                            | COEUR D'ALENE | ID                                                                                  | USA     | 83814-4903            |  |
| MEMBER                                                                                                                                                 | DOUGLAS P MCINNIS | 850 W IRONWOOD DR SUITE 202                                                                                                                                            | COEUR D'ALENE | ID                                                                                  | USA     | 83814-4903            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                                      |               |                                                                                     |         |                       |  |
| <b>ID<br/>W 18262</b>                                                                                                                                  |                   | Signature: Kelly Sisson                                                                                                                                                |               |                                                                                     |         | Date: 01/20/2017      |  |
|                                                                                                                                                        |                   | Name (type or print): Kelly Sisson                                                                                                                                     |               |                                                                                     |         | Title: Office Manager |  |
| Processed 01/20/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                              |               |                                                                                     |         |                       |  |