

|                                                                                                                                                        |                |                                                                                                                                                    |       |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 70109</b>                                                                                                                                     |                | <b>Due no later than Jan 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>BELLEWOOD VILLAGE, LLC<br>THOMAS M RICKS<br>5655 W FLOATING FEATHER<br>EAGLE ID 83616 |       | THOMAS M RICKS<br>5655 W FLOATING FEATHER<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                    |       | 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                                                                                                                                                 | THOMAS M RICKS | 5655 W FOATING FEATHER                                                                                                                             | EAGLE | ID                                                          | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                  |       |                                                             |         |                  |  |
| <b>ID<br/>W 70109</b>                                                                                                                                  |                | Signature: Thomas M. Ricks                                                                                                                         |       |                                                             |         | Date: 11/13/2009 |  |
|                                                                                                                                                        |                | Name (type or print): Thomas M. Ricks                                                                                                              |       |                                                             |         | Title: Member    |  |
| Processed 11/13/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                             |         |                  |  |