

| | | | | | | | |
|--|---------------------|--|-------|--|---------|------------------|--|
| No. W 21744 | | Due no later than Dec 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | WILLIAM R TREGONING 193 TAMARACK LANE SAGLE ID 83860 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | ALPINE PROPERTY, LLC WILLIAM R TREGONING PO BOX 436 SAGLE ID 83860-0436 | | | | | |
| 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 | WILLIAM R TREGONING | 193 TAMARACK | SAGLE | ID | | 83860-0436 | |
| MEMBER | JOHN E GREENWOOD | 715 SANTA PAULA PLACE | BOISE | ID | USA | 83712 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 21744 | | Signature: Willkiam R. Tregoning | | | | Date: 10/14/2015 | |
| | | Name (type or print): Willkiam R. Tregoning | | | | Title: Manager | |
| Processed 10/14/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |