

|                                                                                                                                                        |              |                                                                                                                                                        |             |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 13292</b>                                                                                                                                     |              | <b>Due no later than Oct 31, 2012</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>MURRI BUILDERS, LLC<br>HOLLIS MURRI<br>3456 E 17TH ST STE 140<br>IDAHO FALLS ID 83406 |             | HOLLIS MURRI<br>2145 CABELLARO DR<br>IDAHO FALLS ID 83406 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                        |             | 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 |  |
| MANAGER                                                                                                                                                | HOLLIS MURRI | 2145 CABELLARO DR                                                                                                                                      | IDAHO FALLS | ID                                                        | USA     | 83406       |  |
| MANAGER                                                                                                                                                | KARIN MURRI  | 2145 CABELLARO DR                                                                                                                                      | IDAHO FALLS | ID                                                        | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 13292</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Robert Crandall<br>Name (type or print): Robert Crandall                                               |             |                                                           |         |             |  |
|                                                                                                                                                        |              | Date: 08/14/2012<br>Title: Attorney                                                                                                                    |             |                                                           |         |             |  |
| Processed 08/14/2012                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                              |             |                                                           |         |             |  |