




No. W 7210	Due no later than Oct 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) F MITCHELL JACOBS 2496 N 2375 E HAMER ID 83425																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CENTENNIAL MOUNTAIN PROPERTIES LLC F MITCHELL JACOBS 2496 N 2375 E HAMER ID 83425		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>F. Mitchell Jacobs</td> <td>2496 N. 2375 E.</td> <td>Hamer</td> <td>ID</td> <td>Jefferson</td> <td>83425</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kirk M. Jacobs</td> <td>P.O. Box 119</td> <td>Hamer,</td> <td>JO</td> <td>Jefferson</td> <td>83425</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Marilyn Fife</td> <td>P.O. Box 225</td> <td>Island Park</td> <td>JO</td> <td>Fremont</td> <td>83429</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	F. Mitchell Jacobs	2496 N. 2375 E.	Hamer	ID	Jefferson	83425	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kirk M. Jacobs	P.O. Box 119	Hamer,	JO	Jefferson	83425	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Marilyn Fife	P.O. Box 225	Island Park	JO	Fremont	83429	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 7210 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>9-2-13</u> </td> </tr> <tr> <td> Name (type or print): <u>F. Mitchell Jacobs</u> </td> <td> Title: <u>Pres.</u> </td> </tr> </table>		Signature: 	Date: <u>9-2-13</u>	Name (type or print): <u>F. Mitchell Jacobs</u>	Title: <u>Pres.</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM