

|                                                                                                                                                        |                |                                                                                     |         |                                                        |                        |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------|---------|--------------------------------------------------------|------------------------|-------------|--|
| No. <b>W 40644</b>                                                                                                                                     |                | <b>Due no later than Jun 30, 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>Annual Report Form</b>                                                           |         | SHAWN BOICE<br>9169 SNAKE RIVER RD<br>REXBURG ID 83440 |                        |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                           |         | 3. <u>New</u> Registered Agent Signature:*             |                        |             |  |
|                                                                                                                                                        |                | DRY FLY PROPERTIES, L.L.C.<br>KANDEE BOICE<br>PO BOX 336<br>REXBURG ID 83440<br>USA |         |                                                        |                        |             |  |
| 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                                                                                                                                                | SHAWN BOICE    | PO BOX 336                                                                          | REXBURG | ID                                                     | USA                    | 83440       |  |
| MANAGER                                                                                                                                                | KANDEE L BOICE | PO BOX 336                                                                          | REXBURG | ID                                                     | USA                    | 83440       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                   |         |                                                        |                        |             |  |
| <b>ID<br/>W 40644</b>                                                                                                                                  |                | Signature: Kandee L Boice                                                           |         |                                                        | Date: 05/03/2012       |             |  |
|                                                                                                                                                        |                | Name (type or print): Kandee L Boice                                                |         |                                                        | Title: Managing Member |             |  |
| Processed 05/03/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.           |         |                                                        |                        |             |  |