

|  |                 |   |       |  |         |                  |  |
|--|-----------------|---|-------|--|---------|------------------|--|
| No. <b>W 67015</b>   |                 | <b>Due no later than Sep 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>1. Mailing Address: Correct in this box if needed.</b><br><br>PARKSIDE MHC, LLC<br>RUSSELL A RUFF<br>PO BOX 2596<br>EAGLE ID 83616 |       | RUSSELL A RUFF<br>905 W SUNNYSIDE RD<br>IDAHO FALLS ID 83402 |         |                  |  |
|  |                 |   |       | 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   | RUSSELL A RUFF  | PO BOX 2596   | EAGLE | ID   | USA     | 83616            |  |
| MEMBER   | KIMBERLY R RUFF | PO BOX 2596   | EAGLE | ID   | USA     | 83616            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |       |  |         |                  |  |
| <b>ID<br/>W 67015</b>  |                 | Signature: Russell Ruff   |       |  |         | Date: 07/11/2012 |  |
|  |                 | Name (type or print): Russell Ruff  |       |  |         | Title: Member    |  |
| Processed 07/11/2012   |                 | * Electronically provided signatures are accepted as original signatures.   |       |  |         |                  |  |