

|                                                                                                                                                        |                |                                                                                                                                                 |         |                                                         |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|---------|-------------------|--|
| No. <b>W 32663</b>                                                                                                                                     |                | <b>Due no later than Aug 31, 2015</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>MISTY VALLEY, LLC<br>THOM W GARLOCK<br>970 W BROADWAY #446<br>JACKSON WY 83011 |         | THOMAS GERLOCK<br>105 FOREST VIEW DR<br>DRIGGS ID 83422 |         |                   |  |
|                                                                                                                                                        |                |                                                                                                                                                 |         | 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                                                                                                                                                | THOMAS GARLOCK | 970 W BROADWAY #446                                                                                                                             | JACKSON | WY                                                      | USA     | 83011             |  |
| MANAGER                                                                                                                                                | KAREN GARLOCK  | 970 W BROADWAY #446                                                                                                                             | JACKSON | WY                                                      | USA     | 83011             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                               |         |                                                         |         |                   |  |
| <b>ID<br/>W 32663</b>                                                                                                                                  |                | Signature: Candace N Davis                                                                                                                      |         |                                                         |         | Date: 06/23/2015  |  |
|                                                                                                                                                        |                | Name (type or print): Candace N Davis                                                                                                           |         |                                                         |         | Title: Bookkeeper |  |
| Processed 06/23/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                       |         |                                                         |         |                   |  |