

| No. <b>W 86945</b>   | Due no later than Sep 30, 2014<br><b>Annual Report Form</b>  |   | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>MISHA STITES<br>866 CONQUEST CT<br>MIDDLETON ID 83644 |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|--|--------------------------------|------------------------|---|---------------------|-------|---------|-------------|--|--------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE<br/>         DATE</b>   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>MOUNTAIN WEST TREE LLC<br>MISHA STITES<br>866 CONQUEST CT<br>MIDDLETON ID 83644 |   | 3. <u>New</u> Registered Agent Signature.  |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>   |  |   |  |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; text-align: left;">Manager or Member</th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 20%; 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: 10%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>           Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> </td> <td>Brian Stites</td> <td colspan="5">Same Address as above</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table> |  |   |  | Manager or Member              | Name                   | Street or PO Address                      | City                | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | Brian Stites | Same Address as above |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name   | Street or PO Address  | City   | State                          | Country                | Postal Code                               |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>   | Brian Stites   | Same Address as above   |  |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |   |  |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |   |  |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |   |  |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-size: 1.2em;">             IDAHO<br/>             W 86945           </div>   |  | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u>Misha Stites</u> </td> <td style="width: 40%;">           Date: <u>7/23/2014</u> </td> </tr> <tr> <td>           Name (type or print): <u>Misha Stites</u> </td> <td>           Title: <u>OWNER</u> </td> </tr> </table> |  | Signature: <u>Misha Stites</u> | Date: <u>7/23/2014</u> | Name (type or print): <u>Misha Stites</u> | Title: <u>OWNER</u> |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature: <u>Misha Stites</u>   | Date: <u>7/23/2014</u>   |   |  |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name (type or print): <u>Misha Stites</u>  | Title: <u>OWNER</u>  |   |  |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 07/14/2014 by JAH   |  |   |  |                                |                        |   |                     |       |         |             |  |              |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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