

|                                                                                                                                                        |                |                                                                                                     |             |                                                                 |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 86512</b>                                                                                                                                     |                | <b>Due no later than Aug 31, 2016</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>                                                                           |             | ROBERT D HARDY<br>1655 EAST 1ST ST<br>IDAHO FALLS ID 83401-4305 |                  |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                                           |             | 3. <u>New</u> Registered Agent Signature:*                      |                  |             |  |
|                                                                                                                                                        |                | MONTANA TRAIL PROPERTIES, L.L.C.<br>ROBERT D HARDY<br>1655 EAST 1ST ST<br>IDAHO FALLS ID 83401-4305 |             |                                                                 |                  |             |  |
| 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                                                                                                                                                | ROBERT D HARDY | 1655 1ST STREET                                                                                     | IDAHO FALLS | ID                                                              | USA              | 83401-4305  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                   |             |                                                                 |                  |             |  |
| <b>ID<br/>W 86512</b>                                                                                                                                  |                | Signature: Robert D Renna                                                                           |             |                                                                 | Date: 06/20/2016 |             |  |
|                                                                                                                                                        |                | Name (type or print): Robert D Renna                                                                |             |                                                                 | Title: Staff CPA |             |  |
| Processed 06/20/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                           |             |                                                                 |                  |             |  |