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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 38630</b>                                                                                                                                     |                 | <b>Due no later than Apr 30, 2014</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>                                                                                                                            |       | MELANIE M SMITH<br>5186 W BANKER DR<br>BOISE ID 83714 |         |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PROTEAN PROPERTIES, L.L.C.<br>MELANIE M SMITH<br>5186 W BANKER DR<br>BOISE ID 83714 |       | 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                                                                                                                                                | SCOTT L SMITH   | 5186 W BANKER DR                                                                                                                                     | BOISE | ID                                                    | USA     | 83714       |  |
| MANAGER                                                                                                                                                | MELANIE M SMITH | 5186 W BANKER DR                                                                                                                                     | BOISE | ID                                                    | USA     | 83714       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 38630</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Melanie Smith<br>Name (type or print): Melanie Smith                                                 |       |                                                       |         |             |  |
|                                                                                                                                                        |                 | Date: 03/09/2014<br>Title: Manager                                                                                                                   |       |                                                       |         |             |  |
| Processed 03/09/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                            |       |                                                       |         |             |  |