

|                                                                                                                                                        |                 |                                                                           |      |                                                         |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------|------|---------------------------------------------------------|------------------|-------------|--|
| No. <b>W 96556</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>Annual Report Form</b>                                                 |      | ALLEN KEITH STASTNY<br>275 ORCHARD AVE<br>EDEN ID 83325 |                  |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b>                 |      | 3. <u>New</u> Registered Agent Signature:*              |                  |             |  |
|                                                                                                                                                        |                 | AKS PROPERTIES, LLC<br>ALLEN K STASTNY<br>PO BOX 463<br>EDEN ID 83325     |      |                                                         |                  |             |  |
| 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                                                                                                                                                | ALLEN K STASTNY | 275 ORCHARD                                                               | EDEN | ID                                                      | USA              | 83325       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                         |      |                                                         |                  |             |  |
| <b>ID<br/>W 96556</b>                                                                                                                                  |                 | Signature: Alle Stast y                                                   |      |                                                         | Date: 07/16/2012 |             |  |
|                                                                                                                                                        |                 | Name (type or print): Alle Stast y                                        |      |                                                         | Title: Ma ager   |             |  |
| Processed 07/16/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures. |      |                                                         |                  |             |  |