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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 51461</b>                                                                                                                                     |                  | <b>Due no later than Jun 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>                                                                                |            | MICHAEL C RINARD<br>2547 CANYON GATE PL<br>TWIN FALLS ID 83301-0034 |                  |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                                                |            | 3. <u>New</u> Registered Agent Signature:*                          |                  |             |  |
|                                                                                                                                                        |                  | CASTLE ROCK LAND COMPANY LLC<br>MICHAEL RINARD<br>2547 CANYON GATE PL<br>TWIN FALLS ID 83301-0034<br>USA |            |                                                                     |                  |             |  |
| 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                                                                                                                                                | MICHAEL C RINARD | 2547 CANYON GATE PL                                                                                      | TWIN FALLS | ID                                                                  | USA              | 83301-0034  |  |
| MANAGER                                                                                                                                                | SHELLA D RINARD  | 2547 CANYON GATE PL                                                                                      | TWIN FALLS | ID                                                                  | USA              | 83301-0034  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                        |            |                                                                     |                  |             |  |
| <b>ID<br/>W 51461</b>                                                                                                                                  |                  | Signature: Michael Rinard                                                                                |            |                                                                     | Date: 04/19/2012 |             |  |
|                                                                                                                                                        |                  | Name (type or print): Michael Rinard                                                                     |            |                                                                     | Title: Manager   |             |  |
| Processed 04/19/2012                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                |            |                                                                     |                  |             |  |