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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 8446</b>                                                                                                                                      |                | <b>Due no later than Apr 30, 2009</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SPECTRUM VIEW I LLC<br>ROB DICKINSON<br>855 BROAD STREET<br>SUITE 300<br>BOISE ID 83702-7153 |       | HAWKINS SMITH MANAGEMENT INC<br>855 BROAD STREET STE 300<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                                |       | 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                                                                                                                                                | GARY R HAWKINS | 855 BROAD ST. SUITE 300                                                                                                                                                                        | BOISE | ID                                                                         | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 8446</b>                                                                                            |                | 6. Annual Report must be signed.*<br>Signature: Rob Dickinson<br>Name (type or print): Rob Dickinson<br>Date: 03/03/2009<br>Title: Auth. Agent                                                 |       |                                                                            |         |             |  |
| Processed 03/03/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |       |                                                                            |         |             |  |