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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 40612</b>                                                                                                                                     |                  | <b>Due no later than Jun 30, 2013</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>1. Mailing Address: Correct in this box if needed.</b><br><br>P.B. CABEZA PROPERTIES, LLC<br>JOHN F. MAGNUSON<br>1250 NORTHWOOD CENTER CT STE A<br>COEUR D'ALENE ID 83814 |               | H JAMES MAGNUSON<br>1250 NORTHWOOD CENTER CT STE A<br>COEUR D'ALENE ID 83814 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                              |               | 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                                                                                                                                                | JOHN F MAGNUSON  | 1250 NORTHWOOD CENTER CT STE A                                                                                                                                               | COEUR D'ALENE | ID                                                                           | USA     | 83814       |  |
| MANAGER                                                                                                                                                | H JAMES MAGNUSON | 1250 NORTHWOOD CENTER CT STE A                                                                                                                                               | COEUR D'ALENE | ID                                                                           | USA     | 83814       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 40612</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: John F. Magnuson<br>Name (type or print): John F. Magnuson                                                                   |               |                                                                              |         |             |  |
|                                                                                                                                                        |                  | Date: 04/24/2013<br>Title: Manager                                                                                                                                           |               |                                                                              |         |             |  |
| Processed 04/24/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                    |               |                                                                              |         |             |  |