| No. W 45100 | | Due no later than Dec 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|------------------|-------------|--|
| Return to: | | Annual Report Form | 200 00000 0000000 00000000 000 | DONNA BARKER | | | |
| SECRETARY OF STATE | 1. Mailing | 1. Mailing Address: Correct in this box if needed. POCATELLO PROPERTY SPECIALISTS LLC DONNA BARKER 460 E OAK ST POCATELLO ID 83201 | | 849 MARINUS POCATELLO 83201 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | DONNA BA | | | | | | |
| | POCATELLO | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Ent | er Names and Addre | sses of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER DONNA | BARKER | 849 MARINUS | POCATELLO | ID | | 83201 | |
| MEMBER CHARL | ES BARKER | 849 MARINUS | POCATELLO | ID | | 83201 | |
| 5. Organized Under the Laws of: 6. Annual Re | | port must be signed.* | | | | | |
| ID | Signature: | Signature: Donna Barker | | | Date: 11/04/2014 | | |
| W 45100 | Name (typ | Name (type or print): Donna Barker | | Title: Owner | | | |
| Processed 11/04/2014 | * Electronicall | * Electronically provided signatures are accepted as original signatures. | | | | | |