

|                                                                                                                                                        |                |                                                                                                                                                            |             |                                                              |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 20451</b>                                                                                                                                     |                | <b>Due no later than Aug 31, 2010</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>WEST FAMILY CABIN, LLC<br>MICHAEL J WHYTE<br>2635 CHANNING WAY<br>IDAHO FALLS ID 83404<br>USA |             | MICHAEL J WHYTE<br>2635 CHANNING WAY<br>IDAHO FALLS ID 83404 |         |                         |  |
|                                                                                                                                                        |                |                                                                                                                                                            |             | 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                                                                                                                                                | GREGORY G WEST | 1630 CLAREMONT                                                                                                                                             | IDAHO FALLS | ID                                                           | USA     | 83404                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                          |             |                                                              |         |                         |  |
| <b>ID<br/>W 20451</b>                                                                                                                                  |                | Signature: Michael J. Whyte                                                                                                                                |             |                                                              |         | Date: 06/11/2010        |  |
|                                                                                                                                                        |                | Name (type or print): Michael J. Whyte                                                                                                                     |             |                                                              |         | Title: Registered Agent |  |
| Processed 06/11/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                  |             |                                                              |         |                         |  |