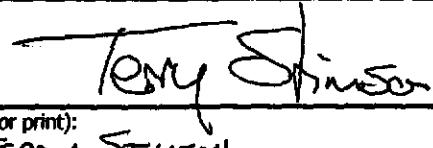


No. W 16718		Due no later than Oct 31, 2012 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STEPHEN E MARTIN 425 S HOLMES IDAHO FALLS ID 83401																																											
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. STIMSON ISLAND PARK, LLC TERRY STIMSON 5623 WILLOWCREEK RD NORTH LAS VEGAS NV 89031		3. New Registered Agent Signature.																																											
NO FILING FEE IF RECEIVED BY DUE DATE																																															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																															
<table border="0"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td>STIMSON ENTERPRISES, INC.</td> <td>5623 WILLOWCREEK RD</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>N. LAS VEGAS, NV</td> <td>-</td> <td>89031</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/>	Member <input type="checkbox"/>	STIMSON ENTERPRISES, INC.	5623 WILLOWCREEK RD							N. LAS VEGAS, NV	-	89031		Manager <input type="checkbox"/>	Member <input type="checkbox"/>						Manager <input type="checkbox"/>	Member <input type="checkbox"/>						Manager <input type="checkbox"/>	Member <input type="checkbox"/>					
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5. Organized Under the Laws of:  IDAHO W 16718		6. Signature:  Name (type or print): <u>TERRY STIMSON</u>		Date: <u>25 OCT 2012</u> Title: <u>CEO of MANAGER</u>																																											
Issued 10/25/2012 by PEH 111139																																															

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.