

|                                                                                                                                                        |                    |                                                                                                                                                    |        |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 84467</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>PAYETTE LAKES PUBLISHING, LLC<br>MATTHEW B CALDWELL<br>PO BOX 1121<br>MCCALL ID 83638 |        | MATTHEW B CALDWELL<br>1102 ALPINE ST<br>MCCALL ID 83638 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                    |        | 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      |  |
| MEMBER                                                                                                                                                 | MATTHEW B CALDWELL | PO BOX 1121                                                                                                                                        | MCCALL | ID                                                      | USA     | 83638            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                  |        |                                                         |         |                  |  |
| <b>ID<br/>W 84467</b>                                                                                                                                  |                    | Signature: Matthewe B. Caldwell                                                                                                                    |        |                                                         |         | Date: 05/02/2013 |  |
|                                                                                                                                                        |                    | Name (type or print): Matthewe B. Caldwell                                                                                                         |        |                                                         |         | Title: Member    |  |
| Processed 05/02/2013                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                          |        |                                                         |         |                  |  |