

|                                                                                                                                                        |                   |                                                                                                                                                          |         |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 126281</b>                                                                                                                                    |                   | <b>Due no later than Jun 30, 2015</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>HIGH DESERT MANAGEMENT COMPANY, LLC<br>WILLIAM C EBBERTS<br>630 11TH ST<br>CHALLIS ID 83226 |         | WILLIAM C EBBERTS<br>630 11TH ST<br>CHALLIS 83226  |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                          |         | 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                                                                                                                                                | WILLIAM C EBBERTS | 630 11TH STREET                                                                                                                                          | CHALLIS | ID                                                 | USA     | 83226            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                        |         |                                                    |         |                  |  |
| <b>ID<br/>W 126281</b>                                                                                                                                 |                   | Signature: William C. Ebberts                                                                                                                            |         |                                                    |         | Date: 04/19/2015 |  |
|                                                                                                                                                        |                   | Name (type or print): William C. Ebberts                                                                                                                 |         |                                                    |         | Title: Manager   |  |
| Processed 04/19/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                |         |                                                    |         |                  |  |