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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 20959</b>                                                                                                                                     |                   | <b>Due no later than Oct 31, 2014</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>AV PROPERTIES, LLC<br>JAMES C LUPER<br>110 16TH ST<br>LEWISTON ID 83501 |          | JAMES C LUPER<br>110 16TH ST<br>LEWISTON ID 83501  |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                           |          | 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                                                                                                                                                | JAMES C LUPER     | 110 16TH ST                                                                                                                                                               | LEWISTON | ID                                                 | USA     | 83501       |  |
| MANAGER                                                                                                                                                | CHRIS E DICKAMORE | 2229 GRELLE AVE                                                                                                                                                           | LEWISTON | ID                                                 | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 20959</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: James C Luper<br>Name (type or print): James C Luper                                                                      |          |                                                    |         |             |  |
|                                                                                                                                                        |                   | Date: 08/19/2014<br>Title: Manager                                                                                                                                        |          |                                                    |         |             |  |
| Processed 08/19/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                 |          |                                                    |         |             |  |