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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|---------------------|
| No. <b>W 101759</b>                                                                                                                                    |               | <b>Due no later than Mar 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>ALPINE CREEK PROPERTIES, LLC<br>MANDI MUELLER<br>145 MEADOWVIEW LN<br>ST MARIES ID 83861 |            | BRENT H MUELLER<br>145 MEADOWVIEW LN<br>ST MARIES ID 83861 |                     |
|                                                                                                                                                        |               |                                                                                                                                                                                            |            | 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                                                                                                                                                 | MANDI MUELLER | 145 MEADOWVIEW LANE                                                                                                                                                                        | ST. MARIES | ID                                                         | USA 83861           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 101759</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Mandi Mueller<br>Name (type or print): Mandi Mueller<br>Date: 01/30/2014<br>Title: Vice-President                                          |            |                                                            |                     |
| Processed 01/30/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |            |                                                            |                     |