

|  |                      |  |  |   |             |                |                      |
|--|----------------------|--|--|---|-------------|----------------|----------------------|
| No. <b>W 128570</b>  |                      | <b>Due no later than Aug 31, 2014</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )            |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MUDROW PROPERTIES, LLC<br>KEVIN MUDROW<br>333 S WOODRUFF AVE<br>IDAHO FALLS ID 83401    |  | KEVIN MUDROW, DDS<br>333 S WOODRUFF AVE<br>IDAHO FALLS ID 83401 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                      |  |  | 3. <u>New</u> Registered Agent Signature:*                      |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                      |  |  |   |             |                |                      |
| Office Held<br>MANAGER   | Name<br>KEVIN MUDROW | Street or PO Address<br>560 RANDY DR   |  | City<br>AMMON   | State<br>ID | Country<br>USA | Postal Code<br>83401 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 128570</b>                                |                      | 6. Annual Report must be signed.*<br><br>Signature: Kevin Mudrow<br>Name (type or print): Kevin Mudrow<br><br>Date: 07/23/2014<br>Title: Owner President |  |   |             |                |                      |
| Processed 07/23/2014 * Electronically provided signatures are accepted as original signatures.     |                      |  |  |   |             |                |                      |