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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 82513</b>                                                                                                                                     |                  | <b>Due no later than Mar 31, 2011</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>JUNIPER ENTERPRISES, LLC<br>STEPHEN G STODDARD<br>439 NORTH 2100 EAST<br>ST ANTHONY ID 83445 |            | STEPHEN G STODDARD<br>439 NORTH 2100 EAST<br>ST ANTHONY ID 83445 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                                |            | 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                                                                                                                                                 | VICKI L STODDARD | 439 NORTH 2100 EAST                                                                                                                                                                            | ST ANTHONY | ID                                                               | USA     | 83445       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 82513</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Stephen Stoddard<br>Name (type or print): Stephen Stoddard<br>Date: 04/08/2011<br>Title: President                                             |            |                                                                  |         |             |  |
| Processed 04/08/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |            |                                                                  |         |             |  |