

|                                                                                                                                                        |               |                                                                                                                                                         |       |                                                       |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 66268</b>                                                                                                                                     |               | <b>Due no later than Aug 31, 2010</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><br>WALLACE PROPERTIES NO. 3, LLC<br>TIM E WALLACE<br>459 N FIVE MILE RD<br>BOISE ID 83713 |       | TIM E WALLACE<br>459 N FIVE MILE RD<br>BOISE ID 83713 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                         |       | 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                                                                                                                                                 | TIM E WALLACE | 459 N FIVE MILE RD                                                                                                                                      | BOISE | ID                                                    | USA     | 83713            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                       |       |                                                       |         |                  |  |
| <b>ID<br/>W 66268</b>                                                                                                                                  |               | Signature: Tim Wallace                                                                                                                                  |       |                                                       |         | Date: 07/08/2010 |  |
|                                                                                                                                                        |               | Name (type or print): Tim Wallace                                                                                                                       |       |                                                       |         | Title: Owner     |  |
| Processed 07/08/2010                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                               |       |                                                       |         |                  |  |