| No. <b>W 78629</b>                                                                  |                                                                                               | Due no later than Oct 31, 2011                                                                                                                |                                       | 2. Registered Ag         | 2. Registered Agent and Address (NO PO BOX)             |            |                |  |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------|---------------------------------------------------------|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |                                                                                               | Annual Report Form  1. Mailing Address: Correct in this box if needed.  98 PROCTOR MOUNTAIN, LLC PEDER MONSEN PO BOX 2874 SUN VALLEY ID 83353 |                                       | 98 PROCTOR               | PEDER MONSEN 98 PROCTOR MOUNTAIN RD SUN VALLEY ID 83353 |            |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                            |                                                                                               |                                                                                                                                               |                                       | 3. <u>New</u> Registere  | 3. <u>New</u> Registered Agent Signature:*              |            |                |  |
| 4. Limited Liability Companie                                                       | es: Enter Nar                                                                                 | nes and Address                                                                                                                               | es of at least one Member or Manager. |                          |                                                         |            |                |  |
| Office Held                                                                         | Name                                                                                          |                                                                                                                                               | Street or PO Address                  | City                     | State                                                   | Country    | Postal Code    |  |
|                                                                                     | MARION FAY MONSEN<br>PEDER MONSEN                                                             |                                                                                                                                               | P.O. BOX 2874<br>P.O. BOX 2874        | SUN VALLEY<br>SUN VALLEY | ID<br>ID                                                | USA<br>USA | 83353<br>83353 |  |
| 5. Organized Under the Laws of:                                                     |                                                                                               | 6. Annual Report must be signed.*                                                                                                             |                                       |                          |                                                         |            |                |  |
| ID                                                                                  |                                                                                               | Signature: Pe                                                                                                                                 |                                       | Date: 08/10/2011         |                                                         |            |                |  |
| W 78629                                                                             |                                                                                               | Name (type o                                                                                                                                  |                                       | Title: Agent             |                                                         |            |                |  |
| Processed 08/10/2011                                                                | rocessed 08/10/2011 * Electronically provided signatures are accepted as original signatures. |                                                                                                                                               |                                       |                          |                                                         |            |                |  |