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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 20853</b>                                                                                                                                     |                     | <b>Due no later than Sep 30, 2012</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>BRIDGE HEAVEN, LLC<br>877 MAIN ST STE 1000<br>BOISE ID 83702                           |       | THOMAS CHANDLER<br>877 MAIN ST STE 1000<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                         |       | 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 |  |
| MANAGER                                                                                                                                                | EARL F CHANDLER     | 611 WYNDEMERE DR                                                                                                                                        | BOISE | ID                                                        | USA     | 83702       |  |
| MANAGER                                                                                                                                                | KATHLEEN J CHANDLER | 611 WYNDEMERE DR                                                                                                                                        | BOISE | ID                                                        | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 20853</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Thomas Chandler<br>Name (type or print): Thomas Chandler<br>Date: 08/02/2012<br>Title: Registered Agent |       |                                                           |         |             |  |
| Processed 08/02/2012                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                               |       |                                                           |         |             |  |