

|                                                                                                                                                        |                 |                                                                                  |           |                                                         |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------|-----------|---------------------------------------------------------|------------------|-------------|--|
| No. <b>W 9970</b>                                                                                                                                      |                 | <b>Due no later than Oct 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>                                                        |           | STEVE GEISLER<br>51 S LAVASIDE RD<br>BLACKFOOT ID 83221 |                  |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b>                        |           | 3. <u>New</u> Registered Agent Signature:*              |                  |             |  |
|                                                                                                                                                        |                 | S & A PROPERTIES, LLC<br>STEVE GEISLER<br>51 S LAVASIDE RD<br>BLACKFOOT ID 83221 |           |                                                         |                  |             |  |
| 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                                                                                                                                                | STEVE GEISLER   | 51 S LAVASIDE ROAD                                                               | BLACKFOOT | ID                                                      | USA              | 83221       |  |
| MANAGER                                                                                                                                                | ALLISON GEISLER | 51 S. LAVASIDE RD.                                                               | BLACKFOOT | ID                                                      | USA              | 83221       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                |           |                                                         |                  |             |  |
| <b>ID<br/>W 9970</b>                                                                                                                                   |                 | Signature: Allison Geisler                                                       |           |                                                         | Date: 08/11/2011 |             |  |
|                                                                                                                                                        |                 | Name (type or print): Allison Geisler                                            |           |                                                         | Title: Mgr       |             |  |
| Processed 08/11/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.        |           |                                                         |                  |             |  |